

San Francisco VA Health Care System



Doctoral Internship in Health Service Psychology

2023-2024

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**San Francisco VA Health Care System
Doctoral Internship**

The doctoral internship in health service psychology at San Francisco VA Health Care System (SFVAHCS) is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (the next site visit will be 2029) and has been accredited since 1979. The program is affiliated with University of California, San Francisco (UCSF) School of Medicine, Department of Psychiatry. SFVAHCS internship offers comprehensive, high quality, education-oriented training for clinical and/or counseling psychology graduate students from APA accredited doctoral programs. The application deadline for internship is NOVEMBER 1, 2022. We have five available positions for the 2023-2024 academic year, including two generalist track position, one neuropsychology track position, one geropsychology track position, and one PTSD track position.

The Training Setting

Hospital Community

The San Francisco VA Health Care System (SFVAHCS), or "Fort Miley," as it is known to San Franciscans, is a nationally recognized teaching hospital in one of the most cosmopolitan cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 17 buildings.

Each year SFVAHCS provides diagnostic and treatment services to more than 400,000 veterans living in a nine-county area of Northern California in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to treatment for mental health and substance use disorders. SFVAHCS is accredited by Joint Commission for its general medical and surgical programs as well as its psychiatry and addiction treatment programs.

Through major affiliations with the Schools of Medicine, Nursing, Dentistry and Pharmacy at UCSF and other institutions, SFVAHCS conducts formal, integrated educational programs at the undergraduate, graduate, house staff, and fellowship levels. More than 1500 students are trained annually in 60 professional and allied health academic programs approved by the American Medical Association and the Council of Teaching Hospitals of the Association of American Medical Colleges. UCSF Medical Center has been ranked as one of America's Best Hospitals for 22 consecutive years according to annual surveys conducted by U.S. News & World Report.

In addition to its broader commitment to the veteran population and education, SFVAHCS has a large, well-funded research program with more than \$70 million in annual research expenditures. There are over 220 active research projects currently being conducted. Areas of particular interest are: PTSD, addictions, neuroscience disease, aging, breast and prostate cancer, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAHCS also has one of the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers \$54 million dollars from which indirect costs serve to enhance the VA research enterprise. NCIRE was founded in 1988 on SFVAHCS grounds to administer VA-approved research and related educational funding. Additionally, SFVAHCS has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurological Diseases.

Patient Population

The San Francisco VA Health Care System serves a predominantly male population ranging in age from 18 to 90+ years, although the number of women seeking VA care is increasing. All racial/ethnic groups are represented and there is a considerable LGBTQ+ population. Patients span the spectrum of socioeconomic classes.

Veterans do not have to have served in a war to receive benefits; however, the largest cohort are Vietnam Era veterans and the conflicts in Iraq and Afghanistan (Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn). Particular attention has been paid to program development and special services in order to meet the needs of our veterans returning from recent conflicts, women veterans, and LGBTQ+ veterans.

Psychology Setting within San Francisco VA Health Care System

Psychological services and psychology training at SFVAHCS are embedded into the Mental Health Service (MHS). MHS teams are interdisciplinary in structure with the following disciplines represented: psychology, psychiatry, social work, nursing, nurse practitioners, internal medicine, addictions therapists, occupational therapists and peer support specialists.

Psychologists hold key positions in many of our specialized treatment clinics such as General Psychiatry Outpatient Clinic, PTSD Clinical Team, Addiction and Recovery Treatment Services, Neuropsychological and Psychological Assessment Program, Health Psychology, Pain Management Clinic, Integrated Mental Health and Primary Care, Women's Clinic, Trans Health Clinic, Psychosocial Rehabilitation, Geropsychology, and the Suicide Prevention Team. Several psychologists also hold positions in hospital leadership, including the Office of Diversity, Equity, and Inclusion, the LGBTQ+ Special Emphasis Program under the Equal Employment Opportunity Program, and the Chief of Mental Health. We also have psychologists in our outlying Community Based Outpatient Clinics (CBOCs) such as Oakland, Santa Rosa, San Bruno, and downtown San Francisco.

The psychology internship rotations involve placements in selected clinics under the primary supervision of highly skilled licensed psychologists. There are approximately 60 licensed psychologists with 15-25 core supervising psychologists, most of whom belong to the Psychology Training Committee led by the Director of Psychology Training. All supervising psychologists and psychiatrists have, or will have, faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute) at University of California, San Francisco School of Medicine. The clinical, teaching and scholarly achievements of our faculty are extensive, and are delineated at the end of this brochure.

General Breadth of Training

Education of current and future health care providers is one of the five missions of SFVAHCS. Over 650 fellows, residents, interns and students from a wide array of disciplines train annually. Since the Mental Health Service is affiliated with the UCSF Medical School, our staff and trainees have access to their colloquia and seminars including weekly Psychiatry Grand Rounds. Although we do not offer specialty training in counseling psychology, we do accept students from APA accredited counseling psychology programs who are interested in and who qualify for a general clinical psychology internship.

In 2000, SFVAHCS inaugurated a VA-funded clinical Postdoctoral Psychology Fellowship Program with emphasis in the areas of posttraumatic stress disorder and substance use disorders. Since 2007, our clinical fellowship has expanded to include emphasis areas in women's mental health and trauma, evidence-based psychotherapy, primary care psychology, integrated health psychology, psychosocial rehabilitation, rural psychology, LGBTQ+ interprofessional healthcare and 2-year residency in clinical neuropsychology. These fellowships are APA accredited (next site visit: 2022 [held for COVID-19] for the clinical program, 2029 for neuropsychology residency). Doctoral interns are welcome to apply for these positions,

providing the potential for sequential years of training in professional psychology at SFVAHCS. Please see our brochure for more information.

Additionally, we have advanced research fellowships at SFVAHCS which are briefly described below:

Geropsychology: This fellowship emphasizes the development of specific skills and competencies in conducting research related to Major Depressive Disorder in older adults or Late Life Depression. Specifically, this MIRECC-funded fellowship emphasizes research training focused on evaluation of cognitive dysfunction, accelerated cognitive decline, and structural and functional brain abnormalities associated with Late Life Depression. The director of this fellowship is Dr. Scott Mackin (Scott.Mackin@ucsf.edu).

Polytrauma and Traumatic Brain Injury Rehabilitation: The primary goal of this fellowship is to train psychologists to further develop expertise in the assessment and treatment of neurocognitive and psychiatric sequelae associated with traumatic brain injury (TBI) and polytrauma in Veterans. Fellows have ample opportunities to work in clinical interdisciplinary teams in brain injury rehabilitation (crossing neurology, neuropsychology, neurocognitive rehabilitation, occupational therapy, psychiatry, social work, and more). The director of this fellowship is Dr. Tatjana Novakovic-Agopian (Tatjana.Novakovic-Agopian@va.gov)

PTSD/Trauma and/or Dementia: The primary goal of this MIRECC-funded fellowship is to train psychologists, other allied health professionals, and MDs to become leading clinical researchers in high priority areas of mental health. Over the course of the two-year program, fellows are trained in academic and health systems research, advanced clinical care service delivery, and program administration in an interdisciplinary setting. The co-Director of this fellowship are Dr. Shira Maguen (Shira.Maguen@va.gov) and Kristine Yaffe (Kristine.Yaffe@va.gov).

Quality Scholars: The Quality Scholars (VAQS) Fellowship emphasizes the development of specific skills and competencies in conducting research on quality improvement, interprofessional healthcare education, and health services in integrated care/primary care settings. The development of research skills and competencies focuses on three general areas or research: (1) interprofessional healthcare education in primary/integrated care settings, (2) quality improvement, and (3) health services investigations. The VAQS Senior Scholar & Psychology Lead for contact is Dr. Brian Borsari (Brian.Borsari@va.gov).

Schizophrenia/Psychosis: In the MIRECC-funded Schizophrenia Fellowship, fellows study the neurobiological mechanisms of the symptoms of schizophrenia and its neuro-developmental and neuro-degenerative course. The core faculty members are basic neuroscientists and psychiatrists, working in genetics, brain imaging, electrophysiology, and neuroplasticity. The co-Director of this fellowship are Dr. Judith Ford (Judith.Ford@ucsf.edu) and Dr. Dan Mathalon (Daniel.Mathalon@va.gov).

Women's Health: The overarching goal of the Women's Health Fellowship is to provide focused, structured, mentored training for individuals across diverse disciplines who are committed to becoming leaders in the health issues of women veterans and to pursuing a career in women's health at the VA. Research endeavors that cross areas of emphasis are encouraged, e.g. the intersection of women's health issues with PTSD, depression, substance abuse or SMI, sex differences in the psychology and biology of stress and mental health. The director of this fellowship is Dr. Sabra Inslicht (Sabra.Inslicht@va.gov).

Additionally, SFVAHCS has a large psychology externship (practicum training) program educating psychology doctoral students primarily from local graduate programs of which interns may have the opportunity to supervise.

San Francisco VA Health Care System Website Link

<http://www.sanfrancisco.va.gov/index.asp>

San Francisco VA Health Care System Training Program Website Link

<https://www.va.gov/san-francisco-health-care/work-with-us/internships-and-fellowships/>

Training Model and Program Philosophy

The philosophy of our psychology training program is scientist-practitioner and training occurs through a distribution of experiences spanning across a variety of training rotations and assignments in assessment, intervention, consultation and supervision, program development and research.

Our training model is developmental in nature. Interns move from close supervision and more intensive instruction to increasingly more autonomous functioning over the course of the rotation and the year. Interns take an active role in developing their own training plans and adjusting it to meet their training needs and emerging interests. Through this model, graduating interns develop the competencies and sense of professional identity needed for postdoctoral fellowships or entry-level practice in psychology.

A cornerstone of our training philosophy is an emphasis on breadth while also supporting individual interests. In our view, a major strength of our training program is its ability to provide interns with an overall breadth of training without sacrificing the quality, meaningfulness or depth provided on each track and individual rotation. Interns can expect to obtain a well-rounded yet thorough exposure to experiences that are basic to the scientific practice of health service psychology. Former interns have frequently given us feedback that this type of training experience was useful in preparing them for their careers and/or advanced training, often at their top ranked sites. This generalized training is reflected both in the variety of training assignments provided and in the range of theoretical orientations among the psychology staff (which include cognitive-behavioral, third wave, mindfulness- and acceptance- based, psychodynamic, systems, feminist, and existential, humanistic approaches). Another focus and, we believe, strength of our program is in the relatively integrative theoretical atmosphere that exists. Our emphasis is on interns gaining basic conceptual tools for thinking through the implications of varying perspectives and flexible integrated adaptation. Interns are not likely to find themselves in a bind between staff members who are theoretically hostile toward each other. We also have other programmatic ways to increase consultation across specialties such as in our multicultural consultation groups. This allows interns a fertile atmosphere for evolving independent views within the current structure of closely supervised training experiences.

Most of our staff have active scholarly or research interests and activities. The atmosphere in our setting encourages the role of a psychologist as a scientist-practitioner who values and engages in academic/research endeavors and incorporates science into practice. There is opportunity for discussing research issues on an individual basis with staff or in the context of seminars in addition to identified research mentors. Interns will carve out up to five hours per week of protected research time and attend the bi-weekly Research Seminar at UCSF to assist with their projects and/or research goals. The seminar also places emphasis on professional development and career objectives and planning, particularly in academia or research.

A major goal of the training program is to encourage and to promote open communication, qualitative and quantitative feedback and the freedom to explore the issues involved in becoming a professional psychologist (e.g. professional identity, ethical behavior, interprofessional healthcare, cultural competence, etc.). Consistent with our overall philosophy, we also expect interns to be, within reason and when safe, open to self-exploration of countertransference. This is most typically broached in supervision and also discussed later in this brochure.

Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of individual differences and issues of social justice. In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, clinical case conferences, consultation groups, events and trainings. Our program faculty have expertise working with patients from a wide array of racial and ethnic groups, sexual orientations, gender identities, religious affiliations, age groups and other forms of diversity. This is also reflected through the work of our thriving Psychology Diversity Committee of which interns may take an active role.

Program Competencies, Aims and Learning Elements

The overarching aim of the doctoral internship in health service psychology at San Francisco VA Health Care System (SFVAHCS) is to prepare interns for postdoctoral training and/or future employment opportunities in clinical, research, academic and/or administrative/leadership positions. The internship offers a balance of didactic and experiential training opportunities, supervision and mentorship, with the aim of preparing graduates for a wide range of further pre-licensure training as well as career opportunities in psychology, whether in VA Medical Centers, or other private or public sector behavioral health care settings, or in academic institutions.

To meet this aim, interns develop competency in the following domains: Research, Ethical and Legal Standards, Individual and Cultural Diversity, Professional Values, Attitudes, and Behaviors, Communication and Interpersonal Skills, Assessment, Intervention, Consultation and Interprofessional Skills, and Supervision.

Objectives within each competency domain are summarized below as well as learning elements in order to successfully achieve them and successfully graduate internship.

1. Research: Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
2. Ethical and Legal Standards: Trainees are expected to Conduct self in an ethical manner in all professional activities and be knowledgeable of and act in accordance to the current version of the APA Ethics Principles of Psychologists and Code of Conduct, relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines. They will also learn to recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
3. Individual and Cultural Diversity: Effectiveness in health service psychology requires that trainees develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. Additionally, Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. The APA's Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status.
4. Professional Values and Attitudes: Trainees are expected to behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others; engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness; actively seek and

demonstrate openness and responsiveness to feedback and supervision; respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

5. **Communication and Interpersonal Skills:** Interns are expected to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services; produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts; demonstrate effective interpersonal skills and the ability to manage difficult communication well.
6. **Assessment:** Interns are expected to demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. Specifically, they will demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology; demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural); demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process; select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient; interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
7. **Intervention:** Interns are expected to demonstrate competence in evidence-based interventions consistent with the scope of Health Service Psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention includes those directed at an individual, a family, a group, a community, a population or other systems
8. **Supervision:** Interns are expected to apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
9. **Consultation and interprofessional/interdisciplinary skills:** Interns are expected to apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Program Structure

Throughout this brochure, we use the term **EMPHASIS TRACK** to refer to an emphasis of study over the course of the academic year. We offer three internship emphasis tracks in areas of widely recognized specialization as a means for interns in those tracks to focus their training towards specialization while still building generalist competencies. Interns in the neuropsychology, geropsychology, and PTSD tracks will spend up to half of their time in rotations that are track-specific, and the other half of their time in rotations outside of their track in order to strike this balance. We encourage receiving

training in desired emphasis areas with a focus also on broadening experience and skill set across other domains in order to well prepare interns for postdoctoral or early career positions.

Each emphasis track has a distinct APPIC Program match number. Applicants can apply to more than one track. Emphasis tracks for 2023-2024 include: (2) Generalist, (1) Neuropsychology, (1) Geropsychology, and (1) PTSD.

General Track	115611
Neuropsychology	115612
PTSD Treatment	115614
Geropsychology	115615

The term **ROTATION** is used to describe clinical assignment to a specific hospital or clinic location with a specific supervisor. Interns in the neuropsychology, geropsychology, and PTSD emphasis tracks will spend half of their training in rotations that fall within their emphasis track, and half of their time in rotations outside of their emphasis track. Interns in the generalist emphasis track may have the option to train in rotation which fall under an emphasis track, based on training goals and supervisor availability. There may be times when multiple interns are interested in the same rotation(s). In these cases, if the rotation is part of an emphasis track, the intern matched to that track will be given priority for that rotation. We will, however, work with all interns, to the best of our ability, to ensure training in as many areas of interest as possible. This means, if an intern is not able to be assigned to a desired rotation for any reason, we will work with them on ways to obtain similar training through another rotation (e.g., if only one intern is able to be assigned to the PTSD Care Team (PCT) rotation but two interns desire training in evidence-based trauma therapies, one intern may be assigned to the PCT rotation while another is assigned to the Women's Clinic rotation, which offers similar training).

The training program aims to ensure that all graduates have a strong foundation in generalist competencies in preparation for the breadth of possible careers in the field of psychology. The training program is organized, with some variations, into two six-month semesters. Below are two examples of a typical rotation schedules for the year:

First Semester (July – January)	Second Semester (January – June)
Rotation 1	Rotation 3
Rotation 2	Rotation 4
Research time	Research time
Mini rotation	Mini rotation

First Semester (July – January)	Second Semester (January – July)
Rotation 1	Rotation 3
Mini rotation	Rotation 4
Mini rotation	
Research time	Research time

Time commitment: The internship requires a 12-month full-time (40 hours per week) training commitment equaling approximately 2080 supervised hours. Hours are typically 8-4:30pm with some slight variations. We find that our interns can hold to a 40-hour workweek.

Supervision: Interns will receive at least four hours of regularly scheduled supervision per week, at least two of which will be individual supervision. Interns have one supervisor per rotation so supervision is often plentiful and hours are determined by the number of rotations. Supervision and evaluation methods include intern self-report of clinical work, supervision sessions, live observation of intern-patient during all evaluation periods, or observation of intern-supervisee or intern-staff interactions, review and co-signature of all written material such as progress notes or other additions to the computerized patient record system, observation of intern case formulation and case presentation in staff meetings, treatment planning conferences and other multidisciplinary settings, review of audio or videotape recording of psychotherapy and assessment sessions or supervision sessions, and the review of psychological testing protocols and reports. Interns should expect to be assigned readings and literature reviews as part of their supervision and training experiences as well.

Self-Disclosure: Self-disclosure in forms of discussions about countertransference and personal reactions to patients or supervisors or supervisees may be at times discussed for the benefit of training in psychotherapy and intern professional development. Our supervisors and Director of Training aim to create a safe place for this exploration.

Mentorship: Mentors are psychologists on staff who agree to work with an intern throughout the training year in order to help the intern with professional development, morale and other issues not directly related to supervision of clinical work. This relationship is non-evaluative. During the training year, each intern will have the option to rank order three choices for mentor and submit them to the Director of Training. In instances when more than one intern prefers the same faculty member who cannot accommodate them all, accommodations will be made thoughtfully with intern choice in mind. Specific arrangements for meetings with mentors will be left to the respective interns and their mentors.

Evaluations: Our goal is to produce graduates who are prepared to assume roles as postdoctoral fellows or entry-level professional psychologists. The program training objectives and aims stated above describe the general competencies that we feel are essential. Evaluations are necessary to guide and determine our progress in obtaining this goal and ensuring competence in each domain. Each evaluation will include a form of live observation.

Interns are formally evaluated at the mid-point and at the end of each training activity (3 months, 6 months and 12 months depending on the length of the rotation). Evaluations are discussed with interns and may be modified by mutual agreement before being placed in the training files. Interns also are asked to evaluate their supervisors and rotations at mid-point and end of year and an exit interview with the Director or Assistant Director of Training will be completed at the end of internship to solicit feedback and suggestions for the program going forward. Additionally, interns will be asked to complete an anonymous Alumni Survey after exiting the program.

In order to clearly measure and objectify criteria for acquisition of clinical skills and outcomes, intern evaluations quantitatively track successful mastery of each competency domain. To successfully complete our internship, at the end of internship, the minimal level of achievement required for program completion is a rating of 4 on all competencies, which is indicative of intermediate to advanced level of competency and readiness for entry level practice typical of interns at the end of the training year.

A formal letter summarizing the rotations and respective evaluations will be sent to each intern's graduate school Director of Training after completion of the internship. Additional items such as progress letters requested by the graduate programs will be honored.

EMPHASIS TRACKS:

Neuropsychology Track (1 position):

The neuropsychology track is designed to meet Houston Conference Guidelines for an internship in neuropsychology, and the intern selected to train in this track will spend up to 50% of their clinical time dedicated to specialized training in neuropsychology. This is met through assignment to the year-long Neuropsychological and Psychological Assessment rotation, participation in the multidisciplinary Memory Evaluation Clinic, and training in the Rehabilitation Medicine TBI Clinic. The intern may also elect to participate in other rotations that offer opportunities for supervised clinical neuropsychological service delivery (e.g., Geropsychology, Telemental Health, and Integrated Care Psychology in HIV and Liver Disease), and may focus on a topic pertinent to clinical neuropsychology for their scholarly project during internship.

The intern in the neuropsychology track will spend the remainder of their time in rotations outside of this emphasis area. We recognize that for those wishing to specialize in neuropsychology at the post graduate level, internship may serve as a last formal opportunity for supervised clinical training in more general clinical settings and the wider range of clinical intervention techniques. The skills and perspective gained in other rotations will provide an invaluable foundation for the practice of clinical neuropsychology in diverse settings. Therefore, we will work with the neuropsychology track intern to develop a training plan that takes advantage of the broad range of clinical training experiences offered at the SFVAHCS.

Geropsychology Track (1 position):

Geropsychology is the understanding and enhancing of older persons and their families to maintain well-being, overcome barriers to care, and achieve personalized, value-based living during later life. For individuals interested in Geropsychology or who intend to pursue postdoctoral training and board certification in geropsychology (ABGERO), our program offers Pike's Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009).

The Geropsychology track provides exposure to the diversity among older adults and care partners (formally known as caregivers), the complex ethical issues that can arise in geriatric practice, and the importance of interdisciplinary models of care. Interns in the geropsychology track will gain exposure to consultation-liaison with various interprofessional and multidisciplinary teams, crisis intervention, cognitive, personality, and psychological assessments, psychotherapy (individual and group), capacity evaluations, and engagement of aging Veterans with MCI/dementia, depression, anxiety, adjustment to illness and functional changes, personality disorders, end-of-life issues, grief, chronic pain, trauma, and other aging-related issues. In addition, interns will learn to provide both time-limited and long-term individual and group psychotherapy integrating multiple, adaptive, and culturally affirming treatment approaches (e.g., CBT, IPT, PST, ACT etc.).

The geropsychology intern will spend up to 50% of their clinical time dedicated to specialized training in geropsychology. The intern will also attend a weekly Geropsychology group supervision with the geropsychology postdoctoral resident.

PTSD Track (1 position):

The PTSD Clinical Team (PCT) expects to offer one (1) intern slot for specialized training in the PCT Clinic. The PCT internship track is designed to fill 50% of the intern's clinical time per week, and this time will be split between PCT at SFVA and Oakland CBOC. PCT offers a fast-paced and rewarding interdisciplinary training environment, in which interns sharpen their skills and explore empirically validated treatments for PTSD. Our intern will gain proficiency in specialty evaluation, treatment planning, and treatment engagement of Veterans with PTSD, many with co-occurring substance use disorders, mood disorders, and/or chronic pain. We provide interns with a solid foundation in phase-based trauma work, and our trainees leave PCT with specialized skills in assessment, diagnosis, and treatment of PTSD. Using a phase-based approach to trauma recovery, our trainee learns to provide both time-limited and long-term individual and group

psychotherapy integrating multiple treatment approaches (e.g., CBT, psychodynamic/relational). Our clinic specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common. PTSD is primary diagnosis and treatment focus in our clinic, but co-morbid disorders include: depression, substance abuse, pain and relationship stress. Both SFVA and OAK PCT provide care to a highly diverse veteran population in various aspects of gender identity, sexual orientation, ethnicity and culture. For the PCT Intern, the first 1-2 months of the training year is focused on developing familiarity with individual and group stabilization, maintenance, and non-exposure based treatments for PTSD. Specialized training in Cognitive-Processing Therapy (CPT) for PTSD is then provided later in the training year.

The PCT internship track consists of the following core elements:

- 3 – 4 hours in 360 Clinic at SFVA PCT
- 2 – 4 hours assessment learning and administration of the Clinician Administered PTSD Scale (CAPS) at OAK PCT
- 1 – 2 hours of group psychotherapy (options for skills-based as well as interpersonal process groups) at SFVA PCT
- 2 hours of individual supervision (1 hour w/ OAK staff psychologist, 1 hour w/ SFVA postdoctoral fellow/staff)
- 1-2 hours of didactic training
- Beginning in September: Cognitive Processing Therapy (CPT) for PTSD supervision and 1-2 cases at OAK PCT

Generalist Track (2 positions):

The generalist track interns' training experiences are determined by their particular interests and needs. Rotations may be divided into "major" and "minor" rotations. Some minor rotations may be taken for 3 months providing the opportunity for exposure to certain areas with less time demand. We make every effort to maximize the opportunity for each intern to select rotations of their choice, consistent with prior training or relative deficiencies, constraints of ongoing commitments and the desires of the other interns. We have been able to achieve this aim in most instances and if not, we will work to find a comparable solution. Rotation selection takes place at the end of the three-day Psychology Trainee Orientation. This orientation allows trainees to meet the supervisors and to receive specific information about each rotation before making commitments for the year.

Typical clinical activities on each rotation include: initial evaluations and interviewing; assessment of personality, cognition and emotional functioning; differential diagnosis; psychotherapy with individuals, couples and groups; development and delivery of psychoeducational material; consultation with team members regarding patient care; writing of care plans and other administrative duties associated with patient care. In addition to clinical activities on the rotation, the intern receives didactic material and instruction to facilitate learning skills related to that rotation and may engage in outcome evaluation or program development or provide supervision to other trainees. Supervisors model and instruct the intern in using theory, literature and critical thought to formulate hypotheses regarding patients' behavior. At the outset of each rotation, the intern is assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives that were outlined in the initial meetings. The expectation is that the intern will assume increasing autonomy for clinical services and will come to function as an integral member of the treatment team.

As part of the training experience, interns participate as a group in a weekly training seminar designed for the exploration of professional development, clinical and training issues held at either at SFVAHCS or UCSF. For 16 weeks, the Clinical Seminar is held jointly with the Clinical Psychology Training Program (CPTP) fellows at UCSF. There is also a six session psychopharmacology seminar series held jointly with CPTP fellows and the bi weekly research seminar previously mentioned. The other weeks, here on campus, will be held with the Director of Training and will either be didactic based,

focused on professional development (such as postdoc and career panels) and is also used as a regular, and hopefully safe space, for check-ins and problem-solving any issues that may arise for interns.

ALL-Track Internship Rotations

1. Research Placement / Scholarly Project (RP/SP) Program (12 months, up to 5 hours per week)

The Research Placement / Scholarly Project is a required rotation. Interns will have flexibility in choosing a research mentor based on training goals and supervisor availability.

Many SFVAHCS staff and colleagues at UCSF are involved in a variety of research studies and projects funded by the National Institutes of Health, Department of Defense, and VA Research and Development (Human Services, Clinical, and Rehabilitation). Also critical to our department are ongoing activities aimed at quality improvement that foster program development, implementation, and outcome evaluation. We feel these research opportunities or scholarly program evaluation are important skills for interns to learn and also provide an invaluable opportunity to formally and informally collaborate with SFVAHCS and UCSF colleagues. This collaboration will in turn result in an informed decision regarding numerous post-internship employment opportunities (e.g., clinical or research postdoctoral fellowships, staff or faculty positions).

In our program, SFVAHCS interns partner with an RP/SP mentor of their choosing and complete a research placement / scholarly project of their choosing during the year. This mentor will collaborate and supervise the progress of the research or scholarly project over the course of the internship year. The mentor can be a PI on a project on which you are working or interested in or a supervisor in the clinic in which you will do a rotation. Selection of a mentor is based upon your previous experience in an area, scholarly/research interests, training needs, and availability of mentors in the training program. Interns may have responsibilities that could include, but are not limited to, quality improvement of a clinic by systematically evaluating existing services or implementing and evaluating new services that will enhance care, research design, data collection, coding and analysis, and manuscript or presentation preparation.

Interns may protect up to five hours per week for the RP/SP program. Examples of projects which interns have become involved with in prior years are, but not limited to, the following:

- Collect and analyze data for an ongoing research project with clinical intervention focus
- Publication of manuscripts using data from the mentor's program of research or collaborate on secondary analyses of data from the intern
- Systematically evaluate a clinical intervention (e.g., efficacy of a group psychotherapy)
- Productively engage in or complete a program development or improvement project for a specific clinic
- Engage in a Quality Improvement project for SFVAHCS Mental Health Service
- Participate in ongoing research studies or formulate a new mini-project with faculty
- Pursue internal and external funding opportunities for pilot projects
- Implement findings from existing research to improve current clinical activities or clinic functioning
- Conduct a needs assessment, plan, and implement a project that will benefit veterans across the medical center
- Presentations at national and international conferences

Please contact Dr. Brian Borsari, the RP/SP Program Coordinator, for further information (brian.borsari@va.gov).

The following clinical rotations are available to all interns. Interns in the neuropsychology, geropsychology, and PTSD emphasis tracks will spend half of their training in rotations that fall within their emphasis track, and half of their time in rotations outside of their emphasis track. Interns in the generalist track may have the option to train in rotation which fall under an emphasis track, based on training goals and supervisor availability.

2. Neuropsychology and Psychological Assessment Program (12 months, up to 50% of clinical time per week for neuropsychology track intern, also available as 8 hours per week rotation for other interns): Erica Kornblith, PhD; Tatjana Novakovic-Agopian, PhD; Johannes Rothlind, PhD; & Brian Yochim, PhD, ABPP-CN

The Neuropsychology and Psychological Assessment Program provides assessment and consultation services to veterans with known or suspected neuropsychiatric disorders. Veterans receive individualized assessment in response to consult requests that may be submitted by clinical providers anywhere within the VA network of clinics. Referral sources include mostly ambulatory care clinical programs, including general and specialty programs within Neurology and MHS (Epilepsy Center of Excellence, Parkinson's Disease Research, Education, and Clinical Center or PADRECC, PTSD Clinical Team, General Psychiatry Outpatient Services etc.) The assessments involve clinical interview, review of history and records, and standardized tests, and are designed in response to specific referral questions. The evaluations may be requested to help characterize neuropsychological strengths and deficits in order to assist in differential diagnosis, assess level of functioning, pre-surgical decision making, and/or to aid in placement decisions and treatment/rehabilitation planning, track recovery/deterioration, and/or evaluate efficacy of treatment interventions. Brief patient and family consultation focusing on psychoeducation is offered to patients with brain impairments and their loved ones, with a focus on promoting recovery and facilitating adaptation. Assessment and consultation services are provided to both outpatients and inpatients.

Training in this internship rotation includes didactics as well as supervised experience in provision of neuropsychological and psychodiagnostic evaluation and consultation services. The training program extends year-long and involves participation in weekly team meetings (1-2 hours per week) which include case-based learning and supervision. Individualized teaching and supervision are designed to support expansion of knowledge related to basic neuroanatomy and brain-behavior relationships; neuropsychological assessment strategies; psychometric issues pertinent to neuropsychological assessment, assessment of personality and psychosocial functioning; differential diagnosis; consultation and treatment issues for special populations; and clinical report-writing. Interns may also elect to attend cognitive rehabilitation seminar, brain autopsies, and relevant neurology and psychiatry grand rounds as time permits.

The rotation offers further supervised opportunity for interns to confront and manage ethical and legal issues that arise in the practice of psychological assessment, and to reflect on diversity issues as they pertain to assessment and consultation practices.

Supervised didactic and experiential training opportunities support interns in acquiring further understanding and appreciation for the way individual differences affect the process and outcomes of assessment, including the application of normative data, and clinical interpretation. Individual and group supervision are provided by rotation faculty.

The didactic training and supervised clinical experiences are designed to enhance skills and to provide further experience in the areas of neuropsychological and psychological assessment and consultation. The objectives of the training include further developing assessment and case formulation and report writing skills, and interns also gain further experience and skill in communicating findings and clinical formulation to patients, family members and staff.

The neuropsychology track intern will spend a portion of time in additional experiential learning activities with neuropsychology program faculty, including four hours per week in the multidisciplinary Memory Evaluation Clinic (6 months), and may elect to participate in clinical training in the multidisciplinary Rehabilitation Medicine Traumatic Brain Injury (TBI) clinical team (see below). The neuropsychology intern will also attend regularly scheduled didactic and journal club presentations with Clinical Neuropsychology Residents and program faculty.

Memory Evaluation Clinic: The multidisciplinary SFVA Memory Evaluation Clinic is staffed by neurology, neuropsychology, and social work with the goal of providing comprehensive evaluation, treatment, support and education to patients with memory loss and their caregivers. The neuropsychology intern will participate in brief neuropsychological assessment and

will provide same day consultation to other providers. Supervisors: Erica Kornblith, PhD, Johannes Rothlind, PhD, Brian Yochim, PhD ABPP-CN,

Rehabilitation Medicine TBI Program: This interdisciplinary clinical program emphasizes interprofessional consultation among neurologists, rehabilitation medicine physicians, clinical neuropsychologists and other clinical psychologists, psychiatrists, social workers and primary care physicians. The program focuses on evaluation and treatment of OEF/OIF veterans suffering symptoms associated with a history of head trauma, frequently in the context of comorbid PTSD or other adjustment issues, and challenges the clinician to remain sensitive to clinical issues that lie at the interface of neurocognitive and emotional functioning. Current VA Merit Awards support the implementation and refinement of evidence-based neurocognitive rehabilitation of individuals suffering from cognitive difficulties associated with TBI and comorbid mTBI/PTSD. Supervisor: Tatjana Novakovic-Agopian, PhD.

A six-month 8-hour/week Neuropsychology and Psychological Assessment rotation is open to all interns with appropriate background preparation, offering exposure to the practice of clinical neuropsychology in VA settings. The rotation is available for the first or second six months, or both for applicants with strong interest and relevant experience

Geropsychology Track Rotations (12 months, up to 50% of the geropsychology intern's time per week in core rotations for the Geropsychology track intern. Non-track interns may request individual rotations below based upon respective time commitments).

3. Community Living Center (CLC) (6 months, up to 17 hours per week): Nicole Torrence, PhD

The CLC is an approximately 100-bed facility for veterans admitted for short-stay rehabilitation, short-stay skilled nursing or dementia care, respite, long-term care, or hospice. Veterans present with a wide range of psychological and neuropsychological conditions, often interacting with the medical and functional issues that require extended care and/or rehabilitation and psychosocial challenges. Psychological diagnoses may include major depression, PTSD, substance use disorders, bipolar disorder, anxiety disorders, schizophrenia, schizoaffective disorder, personality disorders, problems with interpersonal functioning, bereavement, end-of-life issues, and adjustment disorders. Neuropsychological conditions can include dementia, mild neurocognitive disorder, head injuries, stroke, Parkinson's disease, and multiple sclerosis, among others. Referral questions include but are not limited to psychodiagnostic, cognitive, capacity, and risk assessment; behavioral assessment and management; individual and group therapy; and motivational approaches including enhancement of treatment compliance. Psychological care is integrative, person-centered, and grounded in evidence-based practice. Veterans and their needs are conceptualized and treated holistically, using interventions that integrate the biological, psychological, socio-cultural, environmental, and developmental factors that impact a person's unique experience in the context of advancing age and functional abilities. Interns will have the opportunity to work closely within an integrated interdisciplinary team, and their primary focus can be adapted flexibly based on their training goals. For example, they may attend weekly interdisciplinary distressed behavior rounds based on the STAR-VA model and provide support and training to nursing staff to focus on behavioral management. Alternatively, they may choose to focus more on the Social Focus Cohort (SFC), a 15-bed unit for veterans with psychiatric diagnoses and/or personality disorders exacerbated by being in the CLC. The primary goal is to improve veterans' overall quality of life through various groups, individual therapy, and community integration activities with providers with specialty expertise in mental health. The nature of CLC is flexible and the time spent in this rotation this can be adjusted to best meet the learning and training needs of the intern.

4. Palliative Care / Hospice (6 months, up to 16 hours per week): Nicole Torrence, PhD

The Hospice and Palliative Care rotation, in the division of Geriatrics, Palliative and Extended Care division, provides interns with the opportunity to work with veterans and families who are experiencing life-limiting and terminal illnesses. Interns on this rotation will spend several hours a week with the acute care palliative consultation team, inpatient hospice unit and outpatient palliative clinic. The hospice unit is a 10-bed inpatient setting within the Community Living Center. The intern will develop skills needed to assist veterans and families with end of life care, such as individual psychotherapy (i.e., meaning

centered), brief cognitive screeners, mood evaluations, bereavement counseling and staff support. Interns will become trained in goals of care discussions, symptom management and end-of-life issues. Interns will work with a multidisciplinary team that includes: physicians, nurse practitioners, social workers, chaplains and pharmacists.

5. Behavioral Education and Support Team (BEST) (up to 6 months, up to 16 hours per week): Kathryn (Katy) Phillipps, PsyD

The Behavioral Education and Support Team (BEST) is an interdisciplinary, inpatient consult service that evaluates and provides support and recommendations for patients exhibiting behavioral dys-control that is impeding care in the acute medical setting (including ICU). These distressed behaviors may be related to medical, psychiatric, and/or cognitive symptom constellations (or, more often, a combination of these). The team is comprised of a psychologist, two psychiatric RNs, an OT, and a psychiatrist (.2 FTE). Examples of typical consult questions include: patients with cognitive impairment (dementia vs. delirium) who may benefit from behavioral recommendations and environmental (including staff) modifications to reduce the frequency of distressed dementia-related behaviors (i.e. hitting staff, attempting to leave), patients who may be cognitively intact but due to psychiatric and/or personality disorders may benefit from behavioral contracts to ensure appropriate interactions with staff; providing support and education/coaching to unit staff to ensure everyone is able to interact with patients safely and effectively while attempting to reduce staff burnout; and patients who are generally appropriate with staff and in good behavioral control, but would benefit from ongoing support and evaluation for distracting, pleasant activities to cope with hospitalization and engage with providers and recommended interventions (these are often patients with adjustment disorders, grief related to health status changes including amputation, depression/mood/anxiety symptoms, PTSD exacerbated by hospitalization, and passive SI).

The psychologist on the team takes observations of behavioral challenges, interviews patients (and stakeholders, including unit staff) and obtains additional information about behavioral control/dys-control as appropriate, engages patients in brief, supportive psychotherapy, uses psychometric measures to evaluate degree of organically-based dys-control and stimulus boundedness, and develops contingency management-based behavioral plans (in collaboration with other team members and other teams).

6. Posttraumatic Stress Disorder Clinical Team (PCT) (12 months, 10-12 hours per week); Shira Maguen, PhD; Brian Mohlenhoff, MD; Martha Schmitz, PhD ABPP; Courtney Valdez, PhD; William Wolfe, MD; Jessica Mantia, PhD; Pamela Planthara, Psy.D. and our post-doctoral fellows in PTSD-specific focus areas.

PCT offers a fast-paced and rewarding interdisciplinary training environment, in which interns sharpen their skills and explore empirically validated treatments for PTSD. We provide interns with a solid foundation in phase-based trauma work, and our trainees leave PCT with specialized skills in assessment, diagnosis, and treatment of PTSD.

Our clinic specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active-duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

Training in PCT includes: (1) weekly didactic seminar series with opportunities for case presentation, (2) monthly psychodynamic seminar, (3) 6-month trauma and diversity seminar, (4) PTSD specialty assessment and evaluation, treatment planning, and treatment engagement in the context of the Behavioral Health Access Center (point of initial intake for most patients entering mental health treatment at SFVA), (5) participation in our PTSD "360 clinic" (where the intern provides consultation, treatment planning and brief targeted interventions, working closely with colleagues in psychiatry and social work), and (6) provision of Cognitive Processing Therapy (CPT), an empirically-validated exposure-based treatment

for PTSD. Co-facilitation of a psychoeducation group or a process group for PTSD and opportunities for longer-term trauma-focused individual psychotherapy are also encouraged when the intern's schedule allows.

Training in PCT includes: (1) weekly didactic seminar series with opportunities for case presentation, (2) assessment of PTSD using the Clinician-Administered PTSD Scale (CAPS) and PTSD specialty evaluation, treatment planning, and treatment engagement in the context of the Behavioral Health Access Center (point of initial intake for most patients entering mental health treatment at SFVA), (3) participation in our PTSD "360 clinic" (where the intern provides consultation, treatment planning and brief targeted interventions, working closely with colleagues in psychiatry and social work), and (4) provision of Cognitive Processing Therapy (CPT), an empirically-validated exposure-based treatment for PTSD. Co-facilitation of a psychoeducation group or a process group for PTSD is also encouraged when the intern's schedule allows.

Generalist Track Rotations (12 months, up to 50% of clinical hours per week of selected rotations of training interest for the Generalists track interns. Non-track interns may request individual rotations below based upon respective time commitments.)

7. General Psychiatric Outpatient Services (GPOS) (6-12 months, 6-17 hours per week): Karen Kasch, PhD; Kristi Chambers, CNS

GPOS offers outpatient treatment for patients with a broad spectrum of psychiatric illnesses, including mood disorders, anxiety disorders, schizophrenia and other psychotic disorders, personality disorders, adjustment reactions, and organic mental disorders. Interns can work within the setting of a multi-disciplinary treatment team, and receive comprehensive training in development of treatment plans and in conducting appropriate psychological treatment. Treatment modalities utilized include individual and group psychotherapy, (particularly cognitive-behavioral and other evidence-based treatment approaches including dialectical behavior therapy and mindfulness-based psychotherapy). Interns can also participate in a psychopharmacology clinic, providing psychosocial interventions while directly coordinating care with prescribers. Participation can occur, depending upon the intern's specific interests, within a particular specialty program in GPOS. These include the Mood Disorders Clinic (which includes specialty training in cognitive-behavioral therapy and related techniques), and a schizophrenia research clinic. Weekly supervision is provided by one of the attending psychologists (Dr. Kasch), and co-therapy opportunities in group are available with Kristi Chambers, CNS. In addition, interns typically participate in a didactic seminar on evidence-based psychotherapy and group supervision.

8. Dialectical Behavioral Therapy (12 months, 6 hours/week): Meredith Sears, PhD; Karen Kasch, PhD; Maisie Ketron, LCSW

Dialectical Behavioral Therapy, a modality combining Cognitive Behavioral Therapy and acceptance/mindfulness practices, was created to benefit individuals diagnosed with Borderline Personality Disorder and those at high risk for self-harm or suicidality. DBT teaches patients skills in Interpersonal Effectiveness, Distress Tolerance, Emotion Regulation and Mindfulness. Trainees in the DBT program at SFVA provide individual DBT therapy to two patients and co-facilitate a DBT skills group for 6-12 months. Trainees may also conduct screening assessments of veterans referred to the DBT program. Trainees attend our weekly consultation group during which we provide clinical consultation, review of DBT principles and mutual support, and a weekly one-hour seminar. The skills learned in DBT are valuable to many patient populations, so participation in the program often proves beneficial to other clinical assignments. The DBT consultation group is comprised of a diverse group of mental health professionals, including psychologists, licensed clinical social workers, and psychology and social work trainees. DBT is a yearlong rotation.

9. Women's Clinic (6-12 months, 4-6 hours per week): Jacy Leonardo, PhD, MA; Caitlin Hasser, MD

The Women's Clinic is a 6-month rotation in Women's Mental Health. The clinic provides a broad range of mental health services integrated in a primary care clinic setting in order to decrease stigma, provide early evaluation and continuity of care. The women's clinic population has a high rate of exposure to a variety of traumas including military/civilian sexual

trauma, combat trauma, childhood trauma, and intimate partner violence. In addition to primary diagnoses such as PTSD, mood, substance use and eating disorders, treatment may focus on areas of concern such as emotion regulation, somatic concerns, family responsibilities or interpersonal relationships. The rotation is flexibly designed to meet the training needs of the individual intern, with a focus on individual treatment which includes Interpersonal Psychotherapy (IPT), Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and well as mindfulness-based interventions. Interns participate in one hour of case conference/didactic weekly and receive a half hour to an hour of weekly individual and/or group supervision.

10. Addiction Recovery Treatment Services: General Addictions Programs (3-12 months, 3-6 hours per week): Christopher Galloway, PhD; Kellie Rollins, PsyD; Melissa London, PhD; Catherine Baxley, PhD; & Ellen Herbst, MD

In the General Addictions Program, there are a range of training opportunities in the assessment and treatment of substance use disorders and co-occurring conditions that span the continuum of recovery from initial engagement and contemplation of change through long-term recovery. There are two clinics in the general addictions programs: an intensive outpatient program (IOP) and a continuing care clinic (Drug and Alcohol Treatment Clinic, DAT). Interns may participate in rotations focused in either clinic or both. Veterans admitted to the General Addictions Programs often present with a variety of stressors, which are typically related to a history of addiction to alcohol and other drugs. Treatment addresses a range of difficulties, including primary affective disorders, primary psychoses, transient affective or psychotic symptoms resulting from substance abuse, PTSD, anxiety disorders, cognitive impairment, personality disorders, and various medical problems. The focus in treatment is consistent with SAMHSA's 2011 definition of recovery. Specifically, recovery includes emphasis in 4 domains: Health, Home, Purpose, and Community. Using an integrative approach, care coordinators and group facilitators utilize evidence based methods (e.g., MI and CBT), facilitate peer support in groups, and assist in connecting veterans with appropriate veteran and community resources to help them succeed in recovery.

The Intensive Outpatient Program (IOP) provides comprehensive intensive outpatient treatment and runs M, W, F from 9am-1pm. IOP is staffed by a multidisciplinary team. Veterans meet regularly with a care coordinator and participate in a variety of groups, such as CBT Relapse Prevention, Seeking Safety, DBT skills, mindfulness skills, vocational and recreation therapy, 12-step and Life Ring. Additionally, veterans meet with a psychiatrist to consult about medication assisted treatments for addiction as well as psychiatric medications, as needed. Interns working in IOP will develop expertise in assessing, diagnosing and treating addictive disorders and related medical and psychiatric conditions, including managing and appropriately triaging intoxication and withdrawal. There are a variety of ongoing group therapy offerings that interns may participate in. Interns also have an opportunity to work with other trainees, including addiction medicine fellows, anesthesia pain fellows, psychiatry residents, medical students, and other psychology trainees.

The Drug and Alcohol Treatment Clinic (DAT), staffed by an interdisciplinary treatment team, is designed to encourage long-term continuing care, with both an abstinence-based track and a harm reduction track. Treatment within the abstinence track is based on a three phase model (roughly equivalent to stabilization/sobriety, sustained recovery/abstinence, and integration/ ongoing maintenance). The harm reduction track uses a motivational interviewing approach to engage veterans and assist them in working towards change. The DAT clinic utilizes group psychotherapy as the main treatment modality. Early treatment is highly structured and behaviorally oriented, and interns will have the opportunity to co-facilitate skills-based groups such as CBT Relapse Prevention, Mindfulness Based Relapse Prevention, ACT for Shame and Self-Stigma in SUD, and (currently pending) Dialectical Behavioral Therapy with a SUD focus. Interns may also co-facilitate semi-structured, process style groups, where advanced phases are progressively less structured and more psychotherapy/insight oriented.

Individual psychotherapy opportunities are available, and interns will be encouraged to adopt the treatment modality that best meets the needs of the veterans they are working with (e.g. CBT, DBT, IPT, dynamic psychotherapy, existential, etc.). Trauma exposure is fairly common among this veteran population and, in the context of addiction, many veterans demonstrate pervasive dysregulation of affect, cognition, behavior, relationships, and self-identity and frequently present with chronic homelessness, legal consequences and interpersonal issues. Interns will have the opportunity for care

coordination and collaboration with numerous community partners including transitional housing and residential treatment programs, back-to-work programs, VA medical providers, probation officers, and various social service agencies.

11. Addiction Recovery Treatment Services: Outreach and Consultation Opportunities (3-6 months, 2-4 hours per week):

Substance Use Transitions Program (3-6 months, 2-4 hours per week): Chris Galloway, PhD; Sam Wan, PhD

The Substance Use Transitions Program is a program designed to enhance opportunities for early engagement and initiation of treatment for veterans with substance use problems. The primary clinical activity available to interns in this rotation is co-leading Motivational Interviewing/Harm Reduction based groups. Groups will be co-led with a Transitions Program staff member and potentially another trainee. A range of interdisciplinary trainees rotate through these groups (Psychology Externs and Postdoctoral Fellows; Psychiatry Residents; Social Work Interns; Nursing students). Conducting brief individual MI interventions may also be possible as part of this rotation.

12. Substance Abuse Programs: Substance Use/PTSD Team (SUPT) (6-12 months, 6-10 hours per week): Sam Wan, PhD; Kristine Burkman, PhD; John Straznickas, MD

This is a year-long rotation in which the intern receives clinical and didactic training in assessment and treatment with veterans suffering with co-occurring posttraumatic stress disorder and substance use disorders. These are common co-morbidities encountered in both veteran and non-veteran populations, which often lead to substantial problems in functioning. The co-complicating nature of the two disorders is such that over time, addiction interferes with amelioration of the trauma disorder and the trauma disorder in turn discourages seeking or obtaining recovery from addiction. The intern will learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment, individual psychotherapy and psycho-educational modalities (e.g., anger management; mindfulness approaches; PTSD symptom management; relapse prevention). The intern(s) will work with a highly collaborative interdisciplinary team. This team provides a supportive context for intern clinical skill development and the exploration and insight into the common countertransference reactions to this patient population. The trainee will learn to provide evidence-based treatments for PTSD (i.e., cognitive processing therapy & exposure-based treatments), and systems informed, cognitive-behavioral, and psychodynamic therapies. The trainee will also increase understanding of the neurobiological underpinnings of substance dependence and psychopharmacology. Groups that are often co-led by trainees in SUPT include Seeking Safety, Anger Management, and Mindfulness Skills-Based Group. Additionally, there are opportunities for interns to develop a time-limited group based on their own specialized training or interests should they match the needs of the clinic. There is an interdisciplinary team meeting and a didactic seminar during which trainees have the opportunity to present their cases and/or topics of interest and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorder.

13. Community Reinforcement and Family Training (CRAFT) (3-12 months, 3-5 hours per week): Jennifer Manuel, PhD & Jerika Norona, PhD

Community Reinforcement and Family Training (CRAFT) clinicians provide individual therapy to veteran and non-veteran family members of those who struggle with substance use disorders. Grounded in CBT, CRAFT is an evidence-based treatment that helps family members engage in positive communication, foster relational health, and ultimately help their family members reduce their substance use and/or engage in substance use treatment. Training includes (1) weekly didactics and group supervision and (2) work with 1-2 CRAFT patients. This clinic offers trainees an opportunity to learn about how to incorporate family members in substance use treatment and how to support both individual and relational health.

14. Integrated Care Psychology in Pain Management (6-12 months, 4-8 hours per week): Sarah Palyo, PhD;

The Pain Psychology rotation is an opportunity for interns to participate in an interdisciplinary, medical-based clinic that takes a multi-modal approach to the treatment of chronic pain conditions. An emphasis of this rotation is on learning how to work collaboratively within an interdisciplinary team setting and facilitating therapeutic interventions. In addition to psychology, disciplines represented in the Pain Clinic includes Anesthesiology, Physical Therapy, Occupational Therapy, Pharmacy, Nutrition, Social Work, and Chaplain Service. Veterans who are referred to the Pain Clinic are often struggling with complex pain conditions, psychiatric/substance use disorders, and significant physical limitations. Interns would have the opportunity to work within the team to lead groups within the Intensive Pain Rehabilitation Program (IPRP), which is a fully virtual, interdisciplinary program. Specific areas of competency during this rotation may include interdisciplinary consultation, risk assessment, pain education, and cognitive behavioral therapy for chronic pain.

15. Integrated Care Psychology in HIV and Liver Care (6 months, 4-6 hours per week): William Hua, PhD

A rotation in the Infectious Diseases (ID) and Liver clinics will provide clinical training in general mental health and clinical health psychology/behavioral medicine in working with veterans with HIV and/or liver care concerns (e.g. hepatitis C, alcoholic cirrhosis, liver cancer). For veterans living with HIV these may include a wide range of clinical issues including adjustment to diagnosis, stigma, medication/treatment adherence, cognitive concerns, substance misuse, smoking cessation, and other behavioral health issues related to disease prevention and healthy living. Common comorbid concerns include anxiety, depression, insomnia, and chronic pain. The ID clinic also provides services to HIV-negative veterans who are on pre-exposure prophylaxis (PrEP) to reduce risk of HIV transmission; for patients on PrEP, interns work to provide psychoeducation and risk reduction counseling, promote medication adherence, and promote positive sexual health practices. For veterans with liver care concerns, interns provide a range of services (e.g. motivational interviewing, behavioral health follow-up); common concerns include: substance use, mood concerns, and involvement in organ transplant processes. This rotation has a heavy emphasis on multicultural humility and work with diverse patient populations. As such, elements of diversity and multicultural training are incorporated throughout the rotation through discussions, lectures, guest speakers and both didactic and experiential learning.

Interns will also have the opportunity to work with a dynamic and supportive interdisciplinary team of providers who are dedicated to providing comprehensive care to veterans living with HIV or liver concerns. Clinical experiences and opportunities include brief assessment, triage services, initial intakes, brief neurocognitive screening, in-clinic consultation, in-clinic follow-ups, individual therapy, and group therapy. There are opportunities to co-lead groups in both clinical settings as well as develop new groups based on the needs of the clinics and patients. For one hour a week, interns are expected to participate in the National HIV/HCV Didactic virtual seminar, which focuses on the clinical care and mental health wellness of patients living with HIV or liver concerns. Other (optional) opportunities include experience with providing mental health consultation to interprofessional providers, program development activities within the ID and/or Liver clinics, participation in community outreach projects including the annual World AIDS Day veteran art showcase, and training in Acceptance and Commitment Therapy (ACT). Individual supervision is provided weekly. This rotation is available as a 6-month rotation during the first or second half of the year, pending staff availability.

16. Integrated Care Psychology in Behavioral Sleep Medicine (6 months with possibility of 12 months, 3-8 hours per week): Liz Goldstein, PhD

Interns completing a rotation in the SFVAHCS Sleep Program will receive clinical training in the evaluation and treatment of sleep disorders, with an emphasis on insomnia and sleep apnea. Cognitive Behavioral Therapy for Insomnia (CBT-I) is the primary treatment option offered to Veterans with insomnia and is delivered in both individual and group formats. Many Veterans who are prescribed CPAP for sleep apnea struggle with CPAP adherence, and CPAP desensitization is offered through individual psychotherapy for these Veterans. As the SFVAHCS Sleep Program provides care to many rural Veterans, telehealth is the primary modality of care in the Behavioral Sleep Medicine clinic. Other features of this rotation

include the opportunity for involvement with a multidisciplinary team (e.g., sleep medicine MDs and NPs, RNs, ENT, OMFS/dentistry, respiratory therapists, sleep technologists) and training in providing sleep care in the context of various medical and mental health comorbidities. The rotation can be customized to the intern's interests and experience with sleep disorders. Interns will be expected to attend weekly individual and/or group supervision depending on hours and activities selected.

17. Primary Care - Mental Health Integration (PC-MHI) (6 –12 months, 5-17 hours per week): Brittany Linton, PhD (SF-VAMC)

An intern rotation in PC-MHI is a fast-paced outpatient primary care clinic where PC-MHI staff and trainees provide same-day mental health triage/ functional assessment, brief treatment for patients with a wide range of mental and behavioral health issues, along with provide consultation to primary care providers and medical teams. The goal of our PC-MHI efforts is to serve as ambassadors of mental health to help reduce stigma, improve access, and promote well-being alongside other dedicated primary care team members. Trainees function as team members and work collaboratively with primary care staff and trainees in a team-based approach to address patients' physiological and psychological health needs.

Given the high frequency of consultation between different disciplines in medicine, pharmacy, nursing, and social work, trainees will also develop familiarity with psychotropic medications, biological and physiological influences on mental health disorders, and strong emphasis on social determinants of health and understanding of health impacts on various historically medically underserved populations. Trainees may have the opportunity to do the rotation at either our main San Francisco VA Medical Center for partial, full or multi-day stints and/or our Oakland CBOC, for partial days. Trainees may opt to participate at both sites for exposure to a diversity of primary care sites, medical team dynamics, and patient population while utilizing the same model delivery. As of publication, the SF-VAMC PC-MHI team consists of three psychologists, two psychiatric nurse practitioners, and additional trainees and the Oakland CBOC consists of one psychologist and one psychiatrist. Psychology trainees work as active members of the team and work throughout the year towards improving clinical understanding and operations fidelity of the nationally recognized PC-MHI model, sometimes with availability to attend the formal National VA PC-MHI training, a necessary step for eventual VA certification. Rotation offering is dependent upon staff availability at the two respective sites.

18. Trans Health Clinic Mini-Rotation (6-12 months, 2-5 hours per week): Kaela Joseph, PhD and our post-doctoral fellow in the Interprofessional LGBTQ+ Health Care emphasis

The Trans Health Clinic is multidisciplinary clinic made up of psychologists, endocrinologists, primary care providers, nurses, a psychiatrist, a peer support specialist, and a social worker, serving diverse patients across the gender spectrum. The clinic is fairly new, established in October 2017, and is in the process of growing and developing with the needs of its patients. For this reason, the rotation is offered only as a min-rotation to interns and training will vary slightly from year to year and trainee to trainee. All interns in this clinic will receive didactic training, through supervision, in models of gender identity emergence and minority stress. Practical experience with patients may include individual and group psychotherapy, consultation with providers of different disciplines, and pre-hormone or pre-surgical evaluation and letter writing. Opportunities to conduct an evaluation and write letters of support are based on the number of referrals for those services at a given time and are not a guaranteed part of the practical training in this rotation. All interns in this rotation, however, will learn *how* to conduct an evaluation and write letter of support.

19. Integrated Care Psychology in Weight Management (6-12 months, 4-8 hours per week): Lindsay Wakayama, PsyD

Within the weight management program are two clinics: Bariatric Consultation Surgery (BCS) and Managing Obesity in Veterans Everywhere (MOVE!). Interns have the opportunity to work in one or both clinics.

The Bariatric Consultation Surgery (BCS) Clinic provides the intern the opportunity to act in a behavioral health consultant role to our Bariatric Surgery team. Trainees in this rotation learn to facilitate comprehensive psychosocial evaluations for patients considering weight loss surgery (WLS), specifically the Gastric Bypass (Roux-En-Y). These lifestyle and health-specific evaluations include extensive chart reviews, intake evaluations, collateral interviews, psychiatric assessments, and feedback sessions. Additional opportunities include participating in BCS team meetings, observing bariatric surgery, attending the Nutrition Education class run by the BCS dietician, and conducting optional program management/quality improvement projects (e.g., patient satisfaction assessment).

The Move, Strength, and Wellness (MSW) group is part of the SFVAHCS's Managing Obesity in Veterans Everywhere MOVE! program and is a 16-week interdisciplinary, evidence-based, weight management program for obtaining a healthier lifestyle. The program incorporates nutrition, behavior change, cardiovascular exercise, and strength training while taking into consideration individual needs and preferences. The MSW team includes a dietician, dietetic trainees, and psychology trainee(s) who co-facilitate a weekly 90-minute in-person group session (60-minutes if Telehealth). The psychology trainee(s) leads the behavioral health portion of the group sessions, provides consultation during weekly team meetings, and is responsible for monitoring the mental health of program participants. Opportunities for data collection and analysis, as well as scholarly presentation of group outcomes are possible throughout the year. The psychology trainee(s) may also participate in MOVE! related program development and evaluation projects.

20. Psychosocial Rehabilitation (PSR) (3-12 months, 2-8 hours per week): Elena Bassett, PhD; Susanna Fryer, PhD; Holly Hamilton, PhD; Jennifer Boyd, PhD, CPRP; Maisie Ketron, LCSW; Sonia Milkin, PhD

Focusing on the recovery model of psychosocial rehabilitation (PSR) for people with serious mental illness (SMI), the PSR rotation offers a variety of experiences within the Mental Health Service. These potential experiences include the Psychosocial Rehabilitation and Recovery Center (PRRC), General Psychiatry Outpatient Service (GPOS), and community-based outpatient clinics. Primary intervention modalities are individual and group psychotherapy. Through these experiences, trainees will receive broad training in PSR for SMI within an interdisciplinary context.

The primary PSR training clinic is the **PRRC**, which provides recovery-oriented individual and group services to Veterans who have serious mental health conditions, including schizophrenia, schizoaffective disorder, bipolar disorder, major depression, severe PTSD and co-occurring disorders. Using holistic, rehabilitative approaches, the interdisciplinary PRRC team supports Veterans to build on their strengths, learn new skills and wellness strategies, and work toward their self-identified life goals. Veterans participate in classes aimed at promoting community integration through effective symptom management, improved communication, increased self-esteem and positive coping. Classes include a variety of evidence-based practices that promote recovery, including Social Skills Training, cognitive rehabilitation, DBT and CBT. Individual services include recovery coaching, psychotherapy, integrative health and smoking cessation coaching, creative arts therapy, and supported education/employment/volunteering. Psychology interns have the opportunity to co-facilitate groups and/or provide individual services. They will closely collaborate with the PRRC's interdisciplinary team (including peer support, social work, nursing, creative arts therapy, and occupational therapy) and attend didactic trainings in psychosocial rehabilitation and recovery.

Interns also have the opportunity to provide individual evidence-based psychotherapy to Veterans with SMI, including **CBT for psychosis (CBTp)** within GPOS (typically 6-12 months). Interns interested in CBTp provide therapy to at least one Veteran and attend an additional weekly group supervision/consultation. If of interest to the trainee, specialized training in psychosis and psychosis risk assessment may be arranged as well.

Interns can also contribute to the newly developed **Early Psychosis Intervention Coordination (EPIC)** program. The mission of EPIC is to proactively identify Veterans who have experienced a recent onset of psychosis, to provide early and effective treatment, and to coordinate services across clinics to ensure delivery of evidence-based, Coordinated Specialty Care (CSC).

21. Couple and Family Therapy (6-12 months, 4-6 hours per week): Sarah Shonkwiler, LCSW and Jerika Norona, PhD

The Couple and Family Therapy Clinic offers training in Emotionally Focused Couple Therapy and systemically based family therapy for veterans and their romantic partners and/or family members. Interns engage in assessment and treatment of 2 couples/families, participate in an 80-minute weekly didactic seminar, and receive one-hour weekly small group (2-person) supervision. Cases are recorded and recordings are used in both small group and during didactic presentations. Interns are part of a multidisciplinary team and offer consultation to peers through group case discussion as well as through participation on live-session Reflecting Teams.

22. Off-site Rotations

Interns are also permitted to train up to 300 hours per year at approved off campus sites under the supervision of UCSF Faculty. The intern will be responsible for exploring these options prior to the start of the internship so that the training experience can begin early in the year and negotiated with the Director of Training. Typically, interns find there are more than enough opportunities on site, but this allowance is offered for training with populations we may not serve. In the past, interns have negotiated rotations at Bipolar Disorder Clinic, Multicultural Adolescent Program and Prodromal Clinic at UCSF. There may also be a unique opportunity to work with the eating disorders research and clinical team at UCSF; please inquire.

Intern Seminars

Interns attend 2 – 3 hours of weekly internship specific didactics held at either SFVAHCS or the nearby UCSF campus. This includes a 6 week psychopharmacology course, 12 month research seminar, 16 week clinical seminar series and 12 month SFVA psychology training seminar. The following are examples of core curricula offered at each site:

SAMPLE - SAN FRANCISCO VA PSYCHOLOGY INTERN SEMINAR
Mondays 2:30pm

Annual Research Open House – group discussion/information hour
Group Therapy
CBT & the Therapeutic Relationship
Clinical Supervision
Death & Dying: Psychologists in Hospice and Palliative Care
Career Panel Discussion: Research vs Clinical vs Combination
Conceptualization “Debates”
Working with Transgender Patients
Pain Management
Women’s Issues
Panel discussion: Fellowship Selection Group Discussion
Gender Issues Working with Male Populations
Cultural Competence
Law & Ethics
Mock Job Talks / Dissertation Presentations
It Takes a Village: PTSD/SUD Treatment
Suicide Prevention
Reflections in Professional and Personal Balance – Panel Discussion
Intern Check-in (endings)
End of year celebration & intern feedback session

SAMPLE UCSF CPTP Clinical Seminar Syllabus
1st and 3rd Monday of the month, 4-5 PM*
Seminar contacts: Lauren Haack, PhD and Erica Kornblith, PhD

Speakers, & Topics:

Welcome and Introductions, CPTP and SFVA Clinical Psychology Fellows meet
Providing Effective Clinical Supervision; Bev Lehr, PhD
Windows into Diverse Settings: Fertility Counseling at the UCSF Center for Reproductive Health; Lauri Pasch, PhD
Professional Roles: Leadership and Public Policy in Healthcare; Maggie Chartier, Psy.D., M.P.H.
Psychology and Social Advocacy; Erin Watson, Psy.D.
The Clinical Psychology Licensure Process: Tips for Success
Group 1 (interns): Lauren Haack, Ph.D., Matthew Cappriotti, Ph.D.
Group 2 (post-docs): Melissa Hagan, Ph.D., Anna Sapozhnikova, Ph.D.
CBT for Psychosis; Shilpa Reddy, Ph.D.
Diversity Panel Presentation; Organized by the SFVA Psychology Diversity Committee Christina Mangurian, M.D.
Building a Clinical Practice; Michael Burnias, Psy.D.
Approaches to Pain Management; Sarah Palyo, Ph.D.
Technology-Based Treatment Interventions; David Pennington, Ph.D.
Windows into Diverse Settings: The UCSF Infant Parent Program; Maria St. John, Ph.D., LMFT
Providing LGBT-Affirming Care; Heliana Ramirez, Ph.D.
Professional Roles: Inside Look into Leadership Positions; Stephen Hinshaw, Ph.D., and John McQuaid, Ph.D.

Other ongoing seminars:

- UCSF Department of Psychiatry Grand Rounds
- SFVAHCS Mental Health Service Grand Rounds
- Substance Use Disorders Faculty/Fellows Seminar
- Psychology Diversity Committee
- Continuing Care Division Clinical Conference
- TBI Series
- TMH Series
- Psychosocial Rehabilitation Forum
- Child and Adolescent Psychiatry Grand Rounds – UCSF
- Psychiatry Grand Rounds – UCSF
- Chronic Pain SCAN-ECHO

Requirements for Completion

Internship is a full-time one-year (52 week) program equaling approximately 2080 hours.

In order for Interns to maintain good standing in the program, they must:

- During the internship year, a minimal level of achievement is a rating of 3 on all competencies. During the first half of the year, a rating of 1 will trigger a formal review of the interns, and during the second half of the year, a rating of 2 or lower will trigger a formal review of the intern's progress.
 - These ratings are indicative of trainee development. Specifically, where a 1 indicates the trainee has not yet developed and needs remedial training in this competency area; 2 indicates the trainee's performance has developed some basic skills; acceptable for trainee beginning clinical work; further development is necessary; and 3 the trainee has demonstrated an intermediate level of competency, which is typical of interns at the beginning and well into the training year.
- Not be found to have engaged in any significant ethical transgressions or have issues with professionalism that interfere with their ability to perform as psychologists-in-training

In order for Interns to successfully complete the program, they must:

- By the end of each rotation, obtain ratings in all competencies a rating of 4 or higher. This is assessed as intermediate to advanced level competency and readiness for entry-level practice typical of interns at the end of the training year.
- Not be found to have engaged in any significant ethical transgressions or have issues with professionalism that interfere with their ability to perform as psychologists-in-training.

Facility and Training Resources

There are two intern offices that our 5 interns share based on random assignment. Each intern will have their own workstation with lockable cabinets, drawers, computer and telephone with private extension number. Interns are not expected to use their own resources such as cell-phones, flash drives and recording equipment. Clinical space will be provided on assigned rotations through a room check-out procedure. Each VA computer has access to the Internet and on-line literature search resources as well as word processing and medical record keeping. There is a broad range of psychological and neuropsychological tests available. The SFVAHCS Medical Library has over 350 current journal subscriptions, many of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Our librarian's motto: "If I can't find it, you don't need it."

During COVID-19 global pandemic, interns have been working remotely (and/or on station if necessary privacy or connection issues cannot be avoided remotely or based on personal preference) and have not been permitted to see patients in person as of this writing. Interns have been provided with VA laptops and additional necessary technical equipment necessary for clinical work. It is unclear when Mental Health Services at SFVAHCS will return to in-person care. The latest updates will be discussed at interview but no guarantees can be made at this time in terms of fully remote work due to various national and state regulations.

Reasonable Accommodation

Employees wishing to initiate the Reasonable Accommodation process may do so here: [Resource Request - Worklife Benefits & Reasonable Accommodation | VISN 21 \(va.gov\)](#) and that questions may also be addressed to: v21reasonableaccommodationteam@va.gov.

Administrative Policies and Procedures

Our privacy policy is clear: we will not collect personal information about you when you visit our website.

Problematic Performance and Due Process

Procedures for the rare cases of problematic performance are in place, as are due process and grievance procedures to be followed by interns and staff alike.

POLICY & PROCEDURES FOR PROBLEMATIC INTERN PERFORMANCE & DUE PROCESS

Introduction

It is the purpose of the SFVAHCS Psychology Internship Training Program to foster and support the growth and the development of interns during the training year. An attempt is made to create a learning context within which the intern can feel safe enough to identify, examine, and improve upon all aspects of their professional functioning. Therefore, interns are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since an intern is aware of their progress on an ongoing basis.

It is a goal of training for supervisors to work with interns to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the intern to address the problem area(s) and build on the strengths.

Definitions of Problematic Behaviors

For the purposes of this document intern “problematic behaviors” are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the training program and/or the San Francisco VA Health Care System;
3. an inability to acquire professional skills that reach an acceptable level of competency;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning and/or
5. professional issues that impair the ability to perform satisfactorily as psychologists-in-training

Evaluative criteria which link this definition of "problematic" to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at mid- and end-points of the rotations. These criteria, or objectives, are kept in mind throughout the year and discussions regarding an intern's progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when an intern's behavior becomes problematic, for the purposes of this document a “problem” refers to a intern's behaviors, attitudes, or characteristics which are perceived to be not unexpected or excessive for professionals in training at the intern level. Problems typically become identified as serious when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the intern behavior does not change as a function of feedback, remediation efforts, and/or time.

Policy

- A. It is the policy that interns may fail a specific rotation, and/or entire internship and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the intern group may be diverse and because interns come with different skills and abilities, it is not expected that all interns will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but it is not limited to this list:
 1. incompetence to perform typical psychological services in this setting and inability to attain competence during the course of internship;
 2. violation of the ethical standards of psychologists;
 3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
 4. behaviors which are judged as currently unsuitable and which hamper the intern's professional performance;
 5. violation of VHA or San Francisco VA Health Care System regulations.
- B. It is also the policy that the intern can invoke their right of appeal as specified the Procedures and Due Process section of this document.

Procedures and Due Process

A. Determination of Problematic Status

Whenever a supervisor becomes aware of an intern problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the intern. The Director of Training will then present the situation to a meeting of the Training Committee (minus the Lead Psychologist). A determination will then be made by consensus whether or not to label the intern "problematic," which implies the possibility of discontinuing the training. This will be done after a thorough review of the intern's work and performance, and one or more meetings with the intern to hear their point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

B. Remedial Action

An intern who is determined to be "problematic" but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. Members of the faculty at the intern's graduate program shall be consulted for input into this planning process. When a plan for correction has been determined, the intern will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the intern.

C. Procedure for Termination and Appeal

1. Due Process: The intern will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the intern's graduate program shall be sought. If the intern is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the intern.
2. Appeal: Should the Training Committee recommend termination, the intern may invoke their right of appeal to the Lead Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologist would not be on the Training Committee (nor would have supervised the intern) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

Grievance Policy & Procedures

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and interns that are based on mutual respect; however, it is possible that a situation will arise that leads an intern to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
2. Causes for grievances should be addressed in the following steps:
 - a. The intern should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the intern should always notify the Director of Training, even if the issue is resolved.
 - b. A situation might be too difficult for an intern to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.
 - c. If the steps taken in a and b above fail to resolve the matter adequately, the intern can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
 - d. If the grievance is against the Director of Training, the Lead Psychologist will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to the Psychology Office.
 - e. If the intern is not satisfied with the Director of Training's decision, the matter can be appealed to the Lead Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

Application & Selection Procedures

Eligibility

Applicants must meet the following required prerequisites to be considered for an internship in the VA:

- **Doctoral student in an APA-accredited Clinical or Counseling Psychology program**
- **Approval for internship status by graduate program training director**
- **U.S. citizenship**
- **Men must have registered for selective service**
- **Additional VA eligibility information:**

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment

1. **U.S. Citizenship.** *HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.*

2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>.
 - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare. If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
 - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Director will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Chapter 3. Appointment Requirements and Determinations.
[file:///W:/SFVA%20Traning%20Director/Handbook 5005 change 129 6 Apr 2020.pdf](file:///W:/SFVA%20Traning%20Director/Handbook%205005%20change%20129%206%20Apr%202020.pdf)
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

Selection Process

The internship program at San Francisco VA Health Care System is competitive. We receive between 140-180 applications each year and we interview only about 25-40 of those for our five positions. This is a difficult process and we must deny many very well qualified applicants. Often, the margin between being accepted or rejected for interview is minimal and based on multiple factors.

Completed applications are reviewed by Director of Training and members of our Psychology Training Committee. Sometimes current postdoctoral fellows and interns participate in this process, but no application will be rejected until reviewed by a staff member and/or the Director of Training. Application ratings are based on the applicant's academic work and accomplishments, breadth and quality of previous clinical training (minimum of 1000 total practicum hours required), understanding and skills in psychological assessment and treatment, match between our training program and the applicant's needs and interests, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, self-awareness) and organization and clarity of written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for interns whose interests and training goals match the training that we offer.

We will make a decision about accepting a particular individual for interview as quickly as possible after their application has been reviewed. All applicants will be notified by December 15 either by telephone or email whether they will be invited for an interview or not.

Interviews

The Director of Training will notify you if you have been selected for an interview by December 15. All interviews will be held virtually over Microsoft Teams. Depending on safety and travel related issues during the pandemic later this year, our site is considering an Open House for those interested in coming to the site in person. More details about this will be announced at the time of invitation given the changing nature of the pandemic.

Interviews will be scheduled during January 2022 (see below for interview dates). The Director of Training will conduct an overview session and have time for questions. The rest of the interview day will consist of a series of interviews with key faculty (your preferences will be honored when possible), at least one current intern and possibly a postdoctoral fellow. Individual interview styles and structure vary among interviewers.

Thursday, January 5
Tuesday, January 10
Tuesday, January 17
Wednesday, January 18
Thursday, January 19

Once you have been invited to interview, you may coordinate your date preferences with the program administrative support contact provided. Interview days are limited, but we will make every attempt to honor your preferences given the busy travel season. Please let us know if you have special requests for other dates. We may not be able to accommodate, but we will try.

Rankings

An Internship Selection Committee is formed each year that is comprised of members of the Psychology Training Committee, Psychology Diversity Committee, research psychologists, current interns and interested postdoctoral fellows. It is led by the Director and Assistant Director of Training and meets at least three times in January prior to the APPIC Match deadline. Rankings of interviewees will be determined by this Committee and based on application materials and interviews. Final rankings will be submitted by Friday, February 3, 2023. We abide by all APPIC policies and procedures.

Match Policies

The San Francisco VA Health Care System Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the APPIC Internship Matching Program administered by National Matching Services Inc (NMS). The guidelines in effect for this application year are available from APPIC. This internship site agrees to follow APPIC guidelines and to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

Training Term

The internship is full-time for one year beginning July 3, 2023 and ending on June 30, 2024. One year at full-time equals approximately 2080 supervised hours.

Interns are entitled to 10+ federal holidays and earn sick leave and annual leave (vacation pay) at a rate of 4 hours of each per two-week pay period worked (for a total of 12 days of each). San Francisco VA Health Care System also offers paid leave for conferences, dissertation defense and other approved educational activities.

Stipend and Benefits

The current stipend is \$32,079 per year. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service Retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for interns on a matching basis, (i.e., interns pay half of the premium and the VA pays the other half.) San Francisco VA Health Care System also offers a public transportation reimbursement program but there may be a delay in the start date of this benefit as interns are processed with all other employees nationally.

Application Procedures

To apply for our internship:

1. Complete the online AAPI (APPIC Application for Internship) and designate San Francisco VA Health Care System. Please indicate if you are applying for the generalist, health psychology, neuropsychology, geropsychology, and/or PTSD track. You may apply to multiple tracks.
2. Submit three letters of recommendation and graduate school transcripts.
3. All application materials must be submitted through the online AAPI. No materials will be accepted by e-mail or US mail.

In accordance with the Federal Drug-Free Workplace Program, interns may be subject to urine toxicology screening for illicit drug use (this includes all substances that are federally illegal including cannabis). Other branches of the Federal Government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VA Health Care System is an Affirmative Action/Equal Opportunity Employer.

Contact Information

Given this is a busy season for program staff, we encourage you to read our materials and the VA website thoroughly before contacting us with administrative questions.

Questions regarding your application or other administrative questions should be directed to Artrisha Jones artisha.jones@va.gov or 415-221-4810 x24699 and Nicole Ford at nicole.ford1@va.gov or (415) 221-4810 Ext. 26528.

Specific questions regarding the training program may be directed to Dr. Nicole Torrence at Nicole.Torrence@va.gov

Commission on Accreditation (CoA), American Psychological Association

Questions related to the program's accredited status should be directed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
202-336-5979
Phone: 202-336-5979 / Email: apaaccred@apa.org
Web: <https://accreditation.apa.org/>

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: July 20, 2022

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.

 Yes

X No

If yes, provide website link (or content from brochure) where this specific information is presented:

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Application ratings are based on the applicant's academic work and accomplishments, breadth and quality of previous clinical training (minimum of 1000 total practicum hours required), understanding and skills in psychological assessment, match between our training program and the applicant's needs and interests, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, self-awareness) and organization and clarity of written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for interns whose interests and training goals match the training that we offer.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours: No

Total Direct Contact Assessment Hours: No

Describe any other required minimum criteria used to screen applicants:

Applicants must have at least 1000 hours of practicum training between intervention, assessment, and supervision, completed at least 3 years of graduate training, and be in good standing in an APA- or PCSA-accredited doctoral program in Clinical or Counseling Psychology.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$32,709	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	Yes	
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?		No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other benefits (please describe):		
Interns are entitled to 11 federal holidays and earn sick leave and annual leave (vacation pay) at a rate of 4 hours of each per two-week pay period worked (for a total of 13 days of each). San Francisco VA Medical Center also offers generous paid leave for conferences, dissertation defense and other approved educational activities.		




*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Initial Post-Internship Positions (Provide an Aggregated Tally for the Preceding 3 Cohorts)




	2019-22	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching	1	
Community mental health center		
Consortium		
University Counseling Center		
Hospital/Medical Center	2	
Veterans Affairs Health Care System	11	
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting	1	
Other		





Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Staff Psychologists: Who-is-Who!





	<p>Elena D. Bassett, PhD is a Staff Psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC) and an Assistant Clinical Professor at UCSF, specializing in recovery-oriented services for Veterans with serious mental illness (SMI). She is the primary supervisor and coordinator of the Psychosocial Rehabilitation (PSR) psychology training program and Director of Psychosocial Services for the Early Psychosis Intervention Coordination (EPIC) program. Dr. Bassett earned her doctorate in Clinical Psychology from Northwestern University, completed her pre-doctoral internship at the VA San Diego/University of California, San Diego, and completed a postdoctoral fellowship at the Palo Alto VA. Dr. Bassett has expertise in evidence-based treatments for SMI, particularly cognitive behavioral therapy for psychosis (CBTp). Her clinical and research interests also include the role of trauma/adversity in SMI, early intervention in psychosis, and evidence-based services that promote recovery and community integration for Veterans with SMI.</p>
	<p>Catherine Baxley, PhD, is a Graduate Psychologist in the Drug and Alcohol Treatment (DAT) Clinic and Prescription Opioid Safety Team/Addiction Consultation (POST/AddCon) Service. She received her PhD in clinical psychology from Saint Louis University. Dr. Baxley completed her pre-doctoral internship and a two-year MIRECC postdoctoral research fellowship at the San Francisco VA. During her training at the SFVA, she completed rotations in the Intensive Outpatient Treatment Program, Substance Use Transitions Program, Opioid Treatment Program, DAT clinic, Community Reinforcement and Family Training Program, and Intensive Pain Rehabilitation Program. Her research is focused on examining modifiable predictors of negative treatment outcomes for individuals with opioid use disorder and exploring the impact of behavioral (e.g., motivational interviewing) and pharmacological (e.g., buprenorphine/naloxone) interventions on secondary outcomes (e.g., chronic pain, opioid craving).</p>
	<p>Brian Borsari, PhD, received his PhD in clinical psychology from Syracuse University in 2003. He also completed an internship at The Boston Consortium in Clinical Psychology in 2003. From 2003 to 2015 he was at the Center for Alcohol and Addiction Studies at Brown University. From 2007-2015 he was at the Providence Veterans Affairs Medical Center as a clinical psychologist, and in 2015 he joined the San Francisco VAMC and UCSF. Over the past 20 years, Dr. Borsari has worked to develop a research program in implementing and evaluating brief motivational interventions for alcohol use in college students and other populations. Dr. Borsari is also investigating the in-session components of motivational interviewing that may be linked to subsequent behavior change (e.g., the working alliance). Dr. Borsari is also interested in the assessment and treatment of addictive behaviors, including high risk drinking behaviors in college students (e.g., pregameing, drinking games), marijuana use in returning Veterans, and enhancing treatment engagement for co-morbid disorders in a variety of populations.</p>
	<p>Jennifer E. Boyd, PhD, is the Associate Chief of Mental Health for Psychology (Psychology Director). She is also a Professor of Clinical Psychiatry at the University of California, San Francisco. Dr. Boyd was educated at Stanford University, the University of Maryland, Georgetown University, and Columbia University. Her most recent research focuses on the internalized stigma of severe mental illness. In her clinical, teaching, and advocacy work, Dr. Boyd supports the recovery model of psychosocial rehabilitation. She has received awards from the APA including the Division 18 award for Outstanding Contributions in Psychosocial Rehabilitation, the Michael S. Neale award for service to people with serious mental illness, and a Presidential Citation for her work on stigma, as well as the inaugural Jennifer E. Boyd Award from the VA Mental Health Lived Experience Community of Practice.</p>



	<p>Kristine Burkman, PhD, is an attending psychologist with the Substance Use and PTSD (SUPT) Clinic and the PTSD Research Program, and is an Assistant Clinical Professor at University of California, San Francisco School of Medicine. Dr. Burkman received her doctorate from Northwestern University, where her research focused on developmental trauma and risk behaviors among youth in the child welfare system. She completed her internship and fellowship at the San Francisco VA Health Care System, where she specialized in the assessment and treatment of traumatic stress and co-occurring substance use disorders. Dr. Burkman provides supervision in diagnostic assessment, as well as individual and group psychotherapy within a phase-based, integrated model of care. She leads the Cognitive Processing Therapy (CPT) seminar and group supervision within the SUPT Clinic. Dr. Burkman's research interests include psychological impact of killing in war, moral injury, gender difference in combat PTSD, and treatment outcomes for veterans with PTSD and complex trauma.</p>
	<p>Michael P. Burnias, PsyD, is a Staff Psychologist at the San Francisco VA Health Care System (SFVAHCS) and Downtown Clinic (DTC). He is the preceptor of the Interprofessional LGBTQ+ Health Care Postdoctoral Psychology Fellowship at the SFVA. He is the LGBTQ Special Emphasis Program Manager, focusing on creating an inclusive environment for LGBTQ VA employees. He is also the LGBTQ+ Veteran Care Coordinator which is the primary contact for questions regarding care for LGBTQ+ Veterans. Dr. Burnias obtained his PsyD in Clinical Psychology at Pepperdine University. He completed his Clinical Internship at the Institute of Living at Hartford Hospital and his Postdoctoral Fellowship in LGBTQ+ Health Care at the SFVAHCS. Dr. Burnias' main clinical interests involve LGBTQ+ health care, identity development across the lifespan, cultural competency/humility, and psycho-diagnostic assessments.</p>
	<p>Susanna Fryer, PhD, is an Assistant Professor in the UCSF Department of Psychiatry and staff clinical research psychologist at the San Francisco VA Healthcare System. She completed her undergraduate work at Stanford University where she first became excited about clinical neuroscience while participating in the departmental honors research program in Human Biology. She then earned her PhD from SDSU/UCSD's Joint Program in Clinical Psychology with a specialization in neuropsychology, after completing a clinical internship in psychology at the San Francisco VA Health Care System. Dr. Fryer's research, funded by the NIH and the VA, applies neuroimaging and neuropsychological methods to study brain and behavior relationships in adolescent and young adult populations at risk for developing mental illness, with an emphasis on motivated behaviors and self-regulation. Her research focuses on i) improving our understanding of the cognitive features and brain alterations that underlie risk for, and conversion to, psychopathology, and ii) the brain-based mechanisms of how that risk might be ameliorated through psychotherapeutic intervention. She is a licensed clinical psychologist specializing in cognitive-behavioral therapy (CBT) and mindfulness-based techniques, and is particularly interested in how behavioral interventions can be applied to improve aspects of affect and attentional regulation across traditional diagnostic nosologies. She supervises psychology trainees and provides evidence-based mindfulness and cognitive behavioral therapies in the San Francisco VA General Psychiatry Outpatient Service.</p>
	<p>Chris Galloway, PhD, is Program Director for the Addiction Recovery Treatment Services (ARTS) Intensive Outpatient Program and Transitions Program. Additionally, he is the VISN 21 SUD Program Lead (the liaison for VA Central Office and the SUD programs at VA's in this region). Prior to these roles he developed and directed the Suicide Prevention Program at the SFVAHCS, served as Co-Chair of the hospital's Disruptive Behavior Committee, Co-Chair for the Mental Health Service's Quality Improvement Committee, and led the Mental Health Service's Systems Redesign efforts. Volunteering outside of the VA he is President of the Board of the Greater SF Bay Area Chapter of the American Foundation for Suicide Prevention. After receiving his PhD in Clinical Psychology in 2006 from the University of North Carolina at Chapel Hill, he completed a Postdoctoral fellowship with the Dual Disorders team at the Center</p>





	<p>for Excellence in Substance Abuse Treatment and Education at the Seattle VA. Dr. Galloway offers opportunities for training in all aspects of assessment and treatment of addictions, as well as program development. Particular areas of emphasis include brief MI interventions for substance use problems in non-SUD settings, CBT for SUD, and continuity of care. Dr. Galloway's research interests include assessment, etiology, and treatment of substance use and comorbid mental health conditions.</p>
	<p>Carolyn J. Gibson, PhD, MPH, is a Clinical Research Psychologist at the SFVAHCS. Dr. Gibson completed a PhD in Clinical-Health Psychology from the University of Pittsburgh Clinical-Health Psychology doctoral program, clinical psychology internship at VA Puget Sound, Seattle, and postdoctoral training with the Advanced Fellowship in Women's Health at SFVAMC. She conducts research to increase understanding of the menopause-related experiences and clinical care needs of women Veterans in VA health care settings, and the relationships between mood and trauma-related disorders, chronic health conditions, and symptoms related to menopause and aging. She also provides individual and group psychotherapy, primary care-mental health integration, and clinical supervision in the Women's Mental Health Program in the SFVAMC Women's Health Center.</p>
	<p>Lizabeth Goldstein, PhD, is a Clinical Research Psychologist at the SFVAHACS. Dr. Goldstein received a BA In Psychology from The College of New Jersey and a PhD in Clinical Psychology from The Ohio State University. She completed her predoctoral internship at the San Diego VA/UCSD Psychology Internship Program with rotations in the VA Mood-Sleep and Military Sexual Trauma/Interpersonal Trauma Clinics. She completed the Advanced Fellowship in Mental Illness Research and Treatment through the Sierra Pacific MIRECC at the San Francisco VA Healthcare System/UCSF. She is a VA Career Development Awardee and conducts research on the development, evaluation, and dissemination of treatments for sleep disorders among Veterans with PTSD. Dr. Goldstein provides sleep psychology assessments and individual psychotherapy for sleep disorders through the SFVA Sleep Clinic. Dr. Goldstein also participates in the Multidisciplinary Sleep Apnea Clinic, providing consultation and assessment of Veterans under consideration for sleep apnea surgery and other interventions, and supervises physicians completing the SFVA/UCSF Sleep Medicine Fellowship.</p>
	<p>Tate Guelzow, PhD, is a staff psychologist in the Suicide Prevention Program. He completed his undergraduate education at the University of Colorado at Boulder, and worked for several years with at-risk children and families, and as a research assistant at New York State Psychiatric Institute. He earned his doctorate in clinical psychology from the University of California at Berkeley, where his work focused on ADHD in young adults and the stigmatization of mental illness. Dr. Guelzow completed his internship at the SFVAHCS, where he also completed a postdoctoral fellowship in the substance use and co-occurring disorders emphasis area. He joined the Suicide Prevention Program in 2014. His clinical interests include emotion-focused and mindfulness-informed approaches to psychotherapy, suicide postvention, and suicide prevention training in the VA and the community.</p>





	<p>Holly Hamilton, PhD is a Clinical Research Psychologist at the SFVAHCS. Dr. Hamilton earned her PhD from the University of California, Los Angeles after completing her clinical internship at the SFVAHCS. She also completed her postdoctoral research training at SFVAHCS supported by the MIRECC Advanced Fellowship in Schizophrenia Research. Dr. Hamilton's research focuses on the neurobiological mechanisms associated with the symptoms and course of psychotic disorders, primarily schizophrenia. She is particularly interested in identifying biological markers of vulnerability for psychosis among individuals who are at elevated risk for developing schizophrenia, with the ultimate goal of informing early intervention strategies and preventing a disabling course of illness. Her current work, funded by the VA, uses neuroimaging methods to examine deficient basic mechanisms of brain plasticity in psychosis. As a licensed psychologist, Dr. Hamilton provides cognitive-behavioral and recovery-oriented services for Veterans with psychosis and other serious mental illnesses.</p>
	<p>Anna Harrison, PhD, is a staff psychologist with the Suicide Prevention team at the SFVAHCS. Dr. Harrison earned her PhD in Clinical Psychology from Northwestern University's Feinberg School of Medicine, and completed her clinical internship at the VA Palo Alto Health Care System. Following internship, Dr. Harrison completed a postdoctoral fellowship at the University of California, San Francisco funded by the National Institute of Drug Abuse. There, she studied the effectiveness of substance use disorder treatments for youth and young adults involved in the justice system. Dr. Harrison's professional interests include incorporating digital health interventions to engage hard-to-reach populations in psychological treatment, and better understanding the effects of incarceration on mental health and well-being.</p>
	<p>William Q. Hua, PhD, is a clinical health psychologist in the Infectious Diseases and Liver clinics, where he provides behavioral medicine and integrated care services for veterans living with HIV and/or liver diseases (hepatitis C, liver cancer, alcoholic cirrhosis). At the San Francisco VA Health Care System, he also serves the roles of: chair of the Psychology Diversity Committee, preceptor for the Integrated Care Psychology HIV/Liver Disease emphasis area, and director of the Specialty Care Access Network Extension for Community Healthcare Outcomes (SCAN-ECHO) Mental Health HIV/HCV program. Dr. Hua is an associate clinical professor at the University of California-San Francisco (UCSF). He is passionate about Acceptance and Commitment Therapy (ACT) and co-leads the ACT Clinic and learning group. Prior to coming to the San Francisco VA in 2013, Dr. Hua received his PhD in Clinical Health Psychology & Behavioral Medicine from the University of North Texas and behavioral medicine training through the Palo Alto VA Health Care System psychology internship and fellowship programs. Dr. Hua is also the co-founder of a nonprofit organization called Here to Hope which focuses on promoting health and education for both HIV-positive and HIV-negative children living in children's homes in Guyana, South America.</p>
	<p>Asale Hubbard, PhD is the Director of Diversity, Equity, and Inclusion at the San Francisco VA Health Care System. Dr. Hubbard earned her PhD in Counseling Psychology from the University of Georgia. She completed her clinical internship at the Michael E. DeBakey VA Medical Center in Houston, Texas where she focused on substance use disorders treatment, inpatient/outpatient evidence-based trauma focused treatment, and general outpatient psychology. Dr. Hubbard completed her postdoctoral fellowship at the San Francisco VA in the substance use and co-occurring disorders treatment emphasis area. Upon completion of fellowship, Dr. Hubbard served as a staff psychologist and African American specialist at the Stanford University-Vaden Health Center. She is the PI on a qualitative research study on racial trauma and black veterans funded by the Heart and Armor Foundation. Dr. Hubbard serves as a national consultant on racial trauma groups for racial/ethnic minority veterans.</p>

	<p>Sabra Inslicht, PhD, is Assistant Professor at UCSF, and a Staff Psychologist at the PTSD Clinic at the San Francisco VA Health Care System (SFVAHCS), and co-director of the Psychology Research Fellowship Program for the San Francisco VA Advanced Fellowship in Women's Health. She received her PhD in clinical and health psychology from the University of Pittsburgh, completed a clinical internship at the Palo Alto VA and postdoctoral fellowships at Stanford and UCSF/SFVAHCS. Within the PTSD program, Dr. Inslicht specializes in evidenced based treatments for PTSD, including Prolonged Exposure (PE) for PTSD and she co-leads the PE seminar and supervises PE cases. Research interests include: mechanisms of biological risk and resilience in PTSD such as fear conditioning and extinction processes, neuroendocrine, immune, and neurosteroid correlates, neuroimaging of fear circuitry using fMRI; sex differences in the biology of PTSD; pharmacological adjuncts to enhance fear extinction; stress measurement using wearable technology, and the application of these findings to the treatment of PTSD in veterans. She is available for consultation on both research and clinical activities.</p>
	<p>Jeremy Joseph, PhD, is a Staff Psychologist with the Mental Health Clinic at the Santa Rosa CBOC. Dr. Joseph received his doctorate in Clinical Psychology from the University of Wyoming, where his research focused on the impact of trauma on meaning-making processes. He completed his pre-doctoral internship at the Southwest Consortium Predoctoral Psychology Internship where he trained with both the Albuquerque VA Hospital and Indian Health Service. Following internship, he completed a two-year postdoctoral fellowship with the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) located in the Department of Psychiatry at UT Health Science Center - San Antonio. Dr. Joseph provides individual, couples, and group therapies; triage assessment and intervention; and clinical supervision to graduate student externs. His ongoing research interests include cognitive flexibility, nightmare disorder, and the use of mindfulness to develop greater awareness of self and context.</p>
	<p>Kaela M. Joseph, PhD (they/she), is a Staff Psychologist, Women Veterans Program Manager, Director of the Trans Health Clinic, and Director of the Advanced Research Fellowship in the San Francisco VA Health Care System (SFVAHCS). Dr. Joseph earned their PhD in Clinical Psychology, with an emphasis in LGBTQ Psychology, from Palo Alto University in 2015. They completed their Clinical Internship at the Boise VAMC and completed the Stephen M. Rao Fellowship in Interprofessional LGBT Health Care through the SFVAHCS. Dr. Joseph's clinical and teaching interests include LGBTQ+ psychology, sexual health/functioning, women's health, evidence-based quality improvement, popular culture studies (e.g. fandoms as social movements), and adapting EBPs to better address minority stress and diverse identities. Dr. Joseph is a certified member of the World Professional Association for Transgender Health (WPATH) and is active as a member of the Association of VA Psychology Leaders (AVAPL). Dr. Joseph practices from a contextual-based, feminist framework, with heavy utilization of ACT. They hold a certification a yoga instructor and are working towards certification as a yoga therapist.</p>
	<p>Karen Kasch, PhD, is the Evidence-based psychotherapy coordinator and a staff psychologist in the General Psychiatric Outpatient Services Clinic at San Francisco VA. She received her doctorate from SUNY Stony Brook, where she conducted research on chronic depression, as well as family studies of mood and anxiety. She completed her internship at Palo Alto VA and her postdoctoral research fellowship at Stanford University, where she continued her depression research. She later returned to Palo Alto VA where she served in several different roles, including as psychologist on the high acuity inpatient unit, in the psychosocial rehabilitation program, on the PTSD Clinical Team, and as chair of the Disruptive Behavior Committee. Dr. Kasch specializes in cognitive-behavioral interventions, with an emphasis on the behavioral, and has supervised trainees in the provision of Cognitive Behavioral therapy, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing, among other therapies. She has served as a consultant for the Motivational Interviewing and Motivational</p>

	Enhancement therapy initiative in VA since its inception in 2011. She has been a member of the Motivational Interviewing Network of Trainers (MINT) since 2014.
	Amelia Kotte, PhD , is a Staff Psychologist in the Telemental Primary Care-Mental Health Integration Hub and a Clinical Psychologist in the Army Reserves. She received her PhD from the SDSU/UCSD Joint Doctoral Program in Clinical Psychology and completed her internship at the Medical University of South Carolina. She then completed postdoctoral fellowships at the Massachusetts General Hospital/Harvard Medical School and at the University of Hawai'i at Manoa examining stress-diathesis predictors of psychopathology and treatment outcome. Her professional interests include third wave treatment models, military psychology, traumatology, research methods, ethics, and student training/mentorship.
	Jacy A. Leonardo, PhD, MA is a Licensed Psychologist at the San Francisco VA Health Care System (SFVAHCS), specializing in women's mental health. She started her psychology career after earning a Bachelor's from Boston College. Since then she worked for and with various not-for-profit community mental health programs and public hospitals. She has experience with diverse clinical populations, across the lifespan, with a particular interest and focus on complex trauma and women. After years as a clinician, Dr. Leonardo returned to school to obtain her MA in Social-Organizational Psychology from Teachers College, Columbia University. She worked as an administrator doing program development and assessment for several years before resuming clinical work. Dr. Leonardo later earned an MA and PhD in Clinical Psychology from Alliant International University. Since re-engaging in clinical work, Dr. Leonardo has been dedicated to work with Veterans. She completed her pre-doctoral internship at the Denver VA and post-doc at the SFVAHCS, in Women's Mental Health and Trauma. Dr. Leonardo has also participated in research and program development activities, including assessing the impact of informal caregiving and exploring the effects of PTSD on interpersonal relationships. Dr. Leonardo worked at the National Center for PTSD designing an employer initiative program for Veterans and most recently transitioned back to the SFVAHCS from the Peninsula Vet Center in Menlo Park.
	Brittany Linton, PhD (she/her) , is a Clinical Health Psychologist and Clinical Director for the Primary Care-Mental Health Integration (PC-MHI) Medical Practice at SF-VAMC. She completed her PhD at the University of Texas at Austin, with a specialty HRSA supported training grant for emphasis in Integrated Health Psychology, including advanced clinical practice courses with interdisciplinary colleagues. After finishing her clinical-health emphasis internship at the Louis Stokes Cleveland VA Medical Center, she transitioned to San Francisco VA to serve as the post-doctoral fellow in the emphasis area of Infectious Disease and Liver Disease. Interest in care delivery innovation led her to work for a healthcare technology startup company focused on delivery of mental health services for those living with serious mental illness symptoms through app-based technology. She helped design and implement clinical services, healthcare operations, technology product design and led clinical training development, before returning to SFVAHCS. In addition to her work with PC-MHI, Dr. Linton is a faculty member of the UCSF-affiliated primary care Education for Patient Aligned Care Teams (EdPACT) interprofessional program, educating medical learners, and is a former VA Quality Scholars (VAQS) Psychology Lead/ Senior Scholar for SFVA.
	Alix Lyon-Bramhall, PsyD , is a Tele-PCMHI Psychologist for the SFVAHCS Tele-Primary Care Hub. Dr. Lyon-Bramhall received her doctorate in clinical psychology from Roosevelt University in 2014, with the majority of her clinical training focused in health psychology. She completed a generalist clinical internship at the Gulf Coast Veterans Health Care System and a postdoctoral fellowship in clinical health psychology at Memphis VAMC, where she specialized in PCMHI. Prior to coming onboard at SFVAHCS, Dr. Lyon-Bramhall worked in a primary care clinic for Veterans with spinal cord injury at Memphis VAMC. Dr. Lyon-Bramhall's professional interests include primary care mental health, chronic pain, sleep disorders, spinal cord injury, and the interplay of psychological factors and medical conditions.

	<p>Shira Maguen, PhD, is Mental Health Director of the OEF/OIF Integrated Care Clinic, Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT) at the San Francisco VAMC and Associate Professor in the Dept. of Psychiatry, UCSF School of Medicine. She is also the San Francisco site lead for the VA Women's Practice Based Research Network (PBRN) and co-director of the MIRECC Postdoctoral Research Fellowship. Dr. Maguen is involved with both the research and clinical components of the PTSD program. Her clinical work and teaching focus on evidence-based treatments for posttraumatic stress disorder, with a particular focus on newly returning veterans. She also works in a clinical capacity within the OEF/OIF Integrated Care Clinic. Her research interests fall under the umbrella of PTSD, moral injury, and suicide, and include risk and resilience factors in veterans, with a particular focus on female veterans. Dr. Maguen was the recipient of a VA Health Services Research and Development Grant that examined the impact of killing in veterans of war and moral injury, and recently completed a grant that examined a novel treatment for veterans who have killed in war. She has three additional grants that examine trauma-related eating problems in female veterans; the effectiveness of evidence-based treatments in Iraq and Afghanistan veterans via natural language processing; and the effectiveness of a behaviorally-based treatment for insomnia (BBTI) in primary care. Dr. Maguen is the author of numerous peer-reviewed publications, most of which focus on veteran mental health.</p>
	<p>Jessica L. Mantia, PhD, (she/her) is a staff psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT) at the San Francisco Veteran Affairs Health Care System (SFVAHCS). She earned her MA and PhD in Counseling Psychology from the University of Denver. Her dissertation examined the relationship between perceived quality of clinical supervision and level of vicarious trauma in psychology trainees who provided treatment to survivors of sexual trauma. Dr. Mantia's clinical training emphasized the assessment and treatment of PTSD and Substance Use Disorders (SUD). She began working with veterans as a practicum student in an Interdisciplinary Pain Clinic at the Veteran Affairs Eastern Colorado Health Care System in Denver, CO. She completed a generalist doctoral internship in clinical psychology and postdoctoral residency in PTSD and SUD at SFVAHCS. Dr. Mantia provides supervision to psychology, nurse practitioner, and psychiatry trainees in the interdisciplinary 360 clinic. She also conducts assessments and provides individual and group psychotherapy for trauma utilizing a phase-based approach to treatment. Her clinical interests include the treatment of developmental and complex trauma, co-occurring PTSD and SUD, military sexual trauma, moral injury, meditation/mindfulness, and canine-assisted therapy.</p>
	<p>Jennifer K. Manuel, PhD, is the Deputy Director for Psychology, Health Behavior Coordinator in the Health Promotion and Disease Prevention (HPDP) program, Associate Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She earned her doctorate in clinical psychology from the University of New Mexico and completed her clinical internship at the Palo Alto VA Healthcare System. Dr. Manuel completed a postdoctoral fellowship in drug abuse treatment services research at UCSF where her work focused on training healthcare providers in motivational interviewing and examining the efficacy of brief motivational interventions in healthcare settings. Following her postdoctoral fellowship at UCSF, she was the Program Evaluator for the VA Central Office Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) Training Programs. Her research focuses on the implementation and evaluation of evidence-based treatments in front-line clinical settings. She leads a VA HSR&D grant examining the quality of care provided through VHA vs the community. She is also m-PI on a VA HSR&D funded grant examining a COVID-19 vaccine acceptance intervention with unvaccinated Veterans.</p>

	<p>Payal Mapara, PsyD, is a Staff Psychologist with the Pain Clinic, Integrated Pain Team (IPT), and the Prescription Opioid Safety Team (POST) at the SFVAHCS. Dr. Mapara provides individual and group chronic pain treatment to veterans at the SFVAHCS and rural clinics via tele-mental health, as well as consultation to medical providers regarding the treatment and assessment of chronic pain. She received her PsyD in Clinical Psychology from the Ferkau Graduate School of Psychology at Yeshiva University and completed her clinical internship at the Manhattan Campus of the VA New York Harbor Healthcare System. She completed a post-doctoral fellowship in Primary Care at the San Francisco VAMC, where she focused on Pain Management. Dr. Mapara's clinical interests include the integration of pain management into primary care as well as the assessment and treatment of co-occurring chronic pain and substance use disorders.</p>
	<p>Elizabeth Nazarian, PsyD, is a Staff Psychologist at the Santa Rosa Community-Based Outpatient Clinic. Dr. Nazarian earned her degree in clinical psychology from the California School of Professional Psychology at Alliant International University in 2015. She completed her pre-doctoral internship at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts, where she focused on general outpatient psychology, evidence-based trauma-focused interventions, and Primary Care Behavioral Health. She completed her postdoctoral fellowship at the San Francisco VA Health Care System in the Substance Use and Co-occurring Disorders Treatment emphasis area. Dr. Nazarian's primary clinical interests include the integrated treatment of substance use disorders and co-occurring conditions (particularly the co-occurrence of substance use and posttraumatic stress), fostering resilience in at-risk and traditionally underserved populations, enhancing access to appropriate clinical care, and promoting early treatment engagement.</p>
	<p>Jerika Norona, PhD, is a staff psychologist in the Couple and Family Therapy Program and the Student Veteran Health Program. Dr. Norona earned her PhD in clinical psychology from the University of Tennessee and completed her predoctoral internship and postdoctoral fellowship at the San Francisco VA Health Care System. Dr. Norona provides couple and family therapy to veterans and their family members, as well as individual psychotherapy to those whose family members struggle with substance use disorders. She also supervises psychology and psychiatry trainees. Her research and clinical work focus on romantic relationships throughout the lifespan and how to foster relational and individual health. Additionally, she has a passion for supporting individuals from underrepresented communities on their paths toward higher education.</p>
	<p>Tatjana Novakovic-Agopian, PhD is a Rehabilitation Neuropsychologist at Rehabilitation Medicine TBI Program, and Associate Clinical Professor of Psychiatry at UCSF School of Medicine. She directs the Neuropsychological Rehabilitation clinical research program at SFVAMC, and is a training director for the TBI/Polytrauma Neuropsychology Research residency. Dr Novakovic-Agopian is actively involved in training of neuropsychology residents and other trainees interested in assessment and treatment of brain injury. She received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on ecologically valid multi-level outcome assessment methods. She is currently a Co Principle-Investigator on VA Merit sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with history of mild TBI and polytrauma. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center, and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.</p>

	<p>Sarah Palyo, PhD, CPE, is a psychologist, the Clinical Director of the Intensive Pain Rehabilitation Program for the San Francisco VA Health Care System, and Integrated Care Psychology Lead. She is an Associate Clinical Professor at the University of California, San Francisco. She received her PhD in clinical psychology from the State University of New York at Buffalo and completed her clinical internship at the Palo Alto VA Healthcare System. She completed a post-doctoral fellowship in Stanford University's Behavioral Medicine Clinic. She received her Certified Pain Educator (CPE) credential from the American Society of Pain Educators in 2013. Dr. Palyo specializes in the assessment and treatment of co-occurring chronic pain conditions and psychiatric disorders, with an emphasis on CBT. Dr. Palyo led the development of the San Francisco VA's Intensive Pain Rehabilitation Program, which is the CARF-accredited, tertiary pain program for VISN21. Dr. Palyo's research interest is the management of chronic pain.</p>
	<p>David L. Pennington, PhD, is a Clinical Research Psychologist and Associate Director of the Addiction Research Program at SFVAHCS, the Community Veteran Health Program Coordinator, and Associate Professor in the Department of Psychiatry and Behavioral Sciences at UCSF. He received his PhD in Clinical Psychology from Palo Alto University in 2009, completed a clinical fellowship at SFVAHCS in 2010 and a research fellowship in Biomedical Imaging at UCSF in 2013. Dr. Pennington's research program seeks to identify neurobiological and cognitive mechanisms of impaired self-control and to develop new and more efficacious cognitive training and pharmacologic interventions for alcohol and substance use disorders and common cooccurring disorders (PTSD and Traumatic Brain Injury). As an Indigenous minority member from an economically and educationally disadvantaged community, his research also focuses on developing interventions which enhance the psychological resiliency needed to succeed despite the socioeconomic barriers faced by under-represented communities. In his clinical role in the Veterans Outreach Program, Dr. Pennington liaisons with Native American/American Indian tribes with VA Tribal Health Program agreements and provides outreach to Indigenous Veterans in Northern CA. Dr. Pennington mentors trainees in the Addiction Research Program, UCSF's Postdoctoral Traineeship in Substance Use Disorders Treatment and Services Research, and at VA Advanced Imaging Research Center.</p>
	<p>Pamela Planthara, Psy.D. (she/her/hers) is a Staff Psychologist on the Post Traumatic Stress Disorder Clinical Team (PCT) at the Oakland Behavioral Health Clinic (OBH). Dr. Planthara has been providing veterans Trauma Focused Evidenced Based Treatments for PTSD while also being extensively involved in the psychology training program in Oakland since 2009. Prior to this this Dr. Planthara provided direct services to combat and or/MST at the Oakland Vet Center. Dr. Planthara is a former United States Air Force Captain and served as a Military Psychologist. She completed her Internship with the United States Air Force at the Malcolm Grow Medical Center, Joint Base Andrews, MD and received her doctorate at Nova Southeastern University. Dr. Planthara also has a Postdoctoral Masters in Psychopharmacology through Alliant International University. She is VA certified provider of Cognitive Processing therapy (CPT), Prolonged Exposure (PE) and Skills Training in Affective and Interpersonal Regulation (STAIR). She is also trained in Eye Movement Desensitization Reprocessing (EMDR) and is a member of the EMDR International Association.</p>
	<p>Shilpa Reddy, PhD, is a staff Psychologist in the TMH Section, who provides a range of evidence-based interventions, with some focus on those with Severe Mental Illnesses. She completed her Postdoctoral Fellowship at the SFVAHCS with an emphasis on Psychosocial Rehabilitation, with experience working across a number of clinics and sections. She has experience in providing individual, couples and group interventions by TMH. She has training in CBT, ACT, Emotion Focused Couple's therapy and Cognitive processing therapy. Her experience over the last 15 years spans three different countries (U.S., India and Australia) and she brings a deep awareness of diversity issues that influence health and illness. Shilpa is a board member of the San Francisco Psychological Association, currently serving as the</p>

	<p>Diversity Committee chair. She is Thesis Committee Member in Art Therapy Psychology at Notre Dame de Namur University. She is faculty at the Felton Institute of Research and Training and she trains community mental health professionals in Cognitive Behavioral Therapy and Cognitive Behavioral therapy for psychosis. In addition, she is co-founder of Actualize LLC, a consulting practice focused on bring creative solutions informed by behavioral science to the people and business.</p>
	<p>Kellie Rollins, PsyD, is a staff psychologist at San Francisco VA Health Care System (SFVAHCS) and the Clinic Director of the Drug and Alcohol Treatment Team (DAT) within the Addiction Recovery Treatment Services (ARTS) at SFVAHCS. She assumes a clinical educator role as Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine. Dr. Rollins received her Doctor of Psychology degree from Nova Southeastern University in 2005 after completing doctoral internship at Harvard Medical School/Boston VA Medical Center where she specialized in assessment and treatment of severe psychopathology in women Veterans and longer-term psychodynamic psychotherapy. She subsequently completed her postdoctoral fellowship at SFVAHCS, focusing on the treatment of substance use disorders and posttraumatic stress and was hired on as staff in 2006. In her role as staff psychologist in ARTS, she provides individual psychotherapy and group psychotherapy for Veterans with substance use disorders and co-occurring psychiatric and medical conditions and leads the DAT team. For many years, Dr. Rollins also served as training director the three levels of psychology training at SFVAHCS, including the APA accredited clinical psychology doctoral internship. She is a past Member-At-Large in the VA Psychology Training Council (VAPTC) and past chair of American Association for Treatment of Opioid Dependence (AATOD) conference workshop committee.</p>
	<p>Johannes C. Rothlind, PhD, directs the Neuropsychological Assessment Program at the SF VAMC. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his PhD in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a NIA-sponsored postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine, where he was engaged in mentored research on the neuropsychology of Huntington's disease and received further supervised training in clinical neuropsychology. Dr. Rothlind came to the SFVAHCS in 1995 after several years on the faculty of the University of Maryland School of Medicine, as an assistant professor of psychiatry. His responsibilities at the SFVAHCS include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He is the Director of the Clinical Neuropsychology Residency training program at the San Francisco VA, and provides teaching and supervision to clinical psychology trainees at all levels of experience (practicum students, interns, post-doctoral fellows). He leads weekly training seminars and case-conferences reviewing core topics in neuropsychological and psychological assessment, including functional neuroanatomy, and theoretical and empirical foundations of clinical neuropsychological assessment and consultation. Dr. Rothlind also maintains active collaboration with SFVAHCS and UCSF investigators studying the effect of deep brain stimulation for treatment of Parkinson's disease. His research interests also include developing methods for brief and reliable assessment of disorders of self-awareness in patients with neuropsychological disorders.</p>



Martha Schmitz, PhD, ABPP is a staff psychologist on the PTSD Clinical Team (PCT) at the San Francisco Veterans Affairs Medical Center (SFVAMC) and a Clinical Professor at University of California-San Francisco (UCSF) School of Medicine. Dr. Schmitz received her PhD from the University of Missouri-Columbia after earning her MS and BS degrees from the University of California-Davis. As a postdoctoral resident at McLean Hospital-Harvard Medical School, she worked with Dr. Lisa Najavits, author of *Seeking Safety: Therapy for PTSD and Substance Abuse*, and became an international trainer. Dr. Schmitz provides supervision to psychology and psychiatry trainees in the interdisciplinary 360 clinic in phase-based treatment of PTSD. She provides trauma processing therapies (Prolonged Exposure, Cognitive Processing Therapy, and EMDR) and coping skills groups to veterans enrolled in PCT and on research trials. Her clinical interests include Military Sexual Trauma, traumatic grief, betrayal trauma, dissociation, co-occurring PTSD and substance use disorders, and resiliency in survivors of trauma.



Meredith S. Sears, PhD, is a Clinical Psychologist at the San Francisco VA Health Care System (SFVA) on the Suicide Prevention Team, and the training coordinator for the SFVA Dialectical Behavior Therapy (DBT) Program. Dr. Sears earned her PhD in Clinical Psychology with a minor in Health Psychology at the University of California, Los Angeles (UCLA) in 2015. She completed her Clinical Internship with the Palo Alto VA Healthcare System, and clinical Postdoctoral Fellowship at the SFVA with a focus on Empirically Based Practice and Women's Mental Health. Dr. Sears practices from cognitive behavioral and third wave psychotherapy frameworks, and has particular experience teaching and supervising DBT and ACT. Her research interests primarily focus on suicide risk management strategies (especially related to lethal means safety), and the impact of patient suicide on mental health providers and healthcare systems.



Michael Stroud, PhD, currently works in Rapid Access and VA Community Care. He received his PhD in Clinical Psychology from the University of Alabama. He completed his internship at the University of Washington School of Medicine. He remained there for two research fellowships in Rehabilitation Psychology with an emphasis in pain management. He then completed a fellowship in Clinical Health Psychology at VA Connecticut Health Care System. He has worked in primary care psychology at VA Palo Alto Health Care System and in pain management at Eastern Colorado VA Health Care System. In collaboration with Dr. Robert Kerns, he has contributed to the WHO ICD-9 classification on pain. In his spare time, Dr. Stroud enjoys participating in wheelchair 5K events. He usually comes in last but always finishes.



Nicole Torrence, PhD, is the **Director of Practicum and Internship Training**, Assistant Clinical Professor, University of California, San Francisco and a Clinical Geropsychologist in the Community Living Center at the San Francisco VA Medical Center. She co-leads the geropsychology postdoctoral track and holds a faculty appointment in the Department of Psychology at the University of Washington. Dr. Torrence received her doctorate in Clinical Psychology with a curricular emphasis in Geropsychology from the University of Colorado, Colorado Springs. She completed her internship at the VA Palo Alto Health Care System and her Geropsychology fellowship at the VA Puget Sound, American Lake Division. Dr. Torrence values the further development of the field of Psychology and professional activities that contribute to the larger Psychology community. She serves as a Commissioner on the APA's Commission on Accreditation (CoA) to accredit doctoral, internship, and postdoctoral programs in health service psychology. Additionally, in collaboration with the Council of Professional Geropsychology Training Programs (CoPGTP) task force, she is leading an initiative to improve the assessment of Geropsychology competencies in trainees. Dr. Torrence values diversity, equity, and inclusion. She has been involved in many local and national efforts to develop diversity programming focused on recruiting and retaining diverse trainees and staff. Dr. Torrence's clinical, research, and service interests broadly involve teaching and education, aging, interprofessional care, program development, quality improvement, diversity, equity, and inclusion.






Courtney Valdez, PhD is a Staff Psychologist and Training Coordinator for the PTSD Clinical Team at the San Francisco VA Medical Center (SFVAMC). She is a Health Sciences Clinical Professor in the Department of Psychiatry at the University of California, San Francisco. Dr. Valdez obtained her PhD in Clinical Psychology at Arizona State University. She completed her Clinical Internship at the VA of Northern California Health Care System and her Postdoctoral Residency at the University of California at San Francisco (UCSF) Child and Adolescent Services Multicultural Clinical Training Program. After completing her training, Courtney served as faculty through the National Center for PTSD at the VA Palo Alto Health Care System, conducting training and research in military sexual trauma (MST) with specific focus on women veterans. Before coming to SFVAMC, Dr. Valdez provided direct clinical services to veterans exposed to combat and/or MST at the San Francisco Vet Center. Within the PCT, Dr. Valdez conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing treatment motivation and engagement, particularly in the context of complex trauma. She has special interest in supporting clinical research for and delivering tailored phase-based treatments for chronic PTSD. She is a VHA Certified Provider of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Skills Training in Affective and Interpersonal Regulation (STAIR), and Integrative Behavioral Couples Therapy (IBCT).



Lindsay Wakayama, PsyD, is a Clinical Health Psychologist at the SFVAHCS in Integrated Care Psychology (ICP) and Primary Care Mental Health Integration (PCMHI), where she provides behavioral medicine and integrated care services for Veterans. She is also an Assistant Clinical Professor of Psychiatry at the School of Medicine at the University of California, San Francisco (UCSF). In 2019, Dr. Wakayama earned her doctorate in Clinical Psychology from the PGSP-Stanford PsyD Consortium. She completed her Doctoral Internship at the VA Palo Alto Healthcare System with an emphasis in Behavioral Medicine, and Postdoctoral Residency at the San Francisco VA Healthcare System with an emphasis in ICP: Primary Care. Dr. Wakayama's clinical and research interests include: assessment and treatment of weight management/body image concerns, sleep difficulties, chronic pain, chronic illness, burnout, and treatment adherence, as well as providing psychosocial evaluations for pre-surgical organ transplant and bariatric candidates. Dr. Wakayama also enjoys professional development and program administration.



Samuel Wan, PhD, is Director of Training for the Postdoctoral Fellowship Training Program at the SFVAHCS, Staff Psychologist and Clinical Supervisor with the Substance Use and PTSD (SUPT) Clinic and Assistant Clinical Professor of Psychiatry at the School of Medicine at the University of California, San Francisco. He completed his doctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral fellowship in Substance Use Disorders at the SFVHCS. He received his PhD in Counseling Psychology from Boston College, and BA in Psychology from the Univ. of California, Berkeley. As team member of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. In 2016, Dr. Wan was elected Treasurer for the Association of VA Psychologist Leaders (AVAPL), and in 2015 he completed serving as Chair of the Conference Planning Committee for the 17th and 18th Annual VA Psychology Leadership Conferences. He is a member of the VA Psychology Training Council's Multicultural and Diversity Committee, and is a member (and former chair) of the SFVHCS Psychology Diversity Committee, and is former Member-At-Large for APA Division 51 (Society for the Psychological Study of Men and Masculinity). In 2014, Dr. Wan was awarded a Presidential Citation by APA President, Dr. Nadine Kaslow, and in 2012, he was selected to receive the James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the AVAPL. In 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological

	Association, a leadership development program that he subsequently co-chaired for several years.
	Erin C. Watson, PsyD , is a Clinical Health Psychologist at the San Francisco VA Health Care System (SFVAHCS) where she provides behavioral medicine and integrated care services. She is an Adjunct Faculty member at the University of San Francisco (USF) and Research Staff at the University of San Francisco, California (UCSF). Dr. Watson earned her PsyD in Clinical Psychology with an emphasis in Primary Care Psychology and Behavioral Medicine from Adler University in 2014. She completed her Doctoral Internship at the Portland VAMC/Oregon Health and Science University (OHSU), and Postdoctoral Fellowship at the SFVAHCS, with a focus on HIV/AIDS and Liver Disease. Dr. Watson has specialized behavioral medicine training in chronic pain, infectious disease, hepatitis C and liver disease, weight management/bariatrics, organ transplant, and primary care psychology. Her clinical and research interests include the integration of behavioral health in medical specialty clinics, education for allied health professionals, social responsibility and health disparities, and program development and evaluation. Dr. Watson was the recipient of a 2016 Federal Employee of the Year award for her team efforts in integrated care diversity-related programming. Dr. Watson serves as a consultant for the National VA Motivational Interviewing and Motivational Enhancement (MI/MET) therapy initiative, and practices evidence-based cognitive behavioral and acceptance and commitment therapies.
	Brian Yochim, PhD, ABPP , is a board-certified neuropsychologist in the Neuropsychological Assessment program at San Francisco VA Health Care System. He obtained his PhD from Wayne State University, and completed an internship in clinical psychology at VA Palo Alto Health Care System and a two-year postdoctoral fellowship in clinical neuropsychology at VA Northern California Health Care System. He has worked at the University of Colorado at Colorado Springs, VA Palo Alto Health Care System, and VA Saint Louis Health Care System before arriving at the San Francisco VA Health Care System. He has co-edited <i>A Handbook of Geriatric Neuropsychology: Practice Essentials</i> and <i>Psychology of Aging: A Biopsychosocial Perspective</i> , and co-authored <i>Alzheimer's Disease and Dementia</i> . He and his colleagues published the Verbal Naming Test, a measure of word-finding, and he is a Fellow of the Society for Clinical Neuropsychology (Division 40 of the APA). He currently chairs the Ethics Committee of the Society for Clinical Neuropsychology. He is a Past-President of the Society of Clinical Geropsychology (a Section of APA Division 12). His clinical work, teaching, and publications have centered on neuropsychological assessment with a focus on older adults.
	Joan Zweben, PhD , is part time Staff Psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. Most of her time is spent as Director of the East Bay Community Recovery Project in Oakland, a substance abuse treatment program that provides psychological and medical services in residential and outpatient settings, and also offers supportive housing. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She is an author of four books and over 85 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities.

Additional San Francisco VA Health Care System Training Staff

Steven L. Batki, MD is Chief of the Substance Abuse Programs, Director of the Addiction Psychiatry Fellowship Program, and Director of the Addiction Research Program at the San Francisco VA Health Care System. He is Professor in Residence in the UCSF Department of Psychiatry. In his previous role at UCSF, he was Director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital. Dr. Batki engages in clinical research in addiction psychiatry and psychopharmacology with a focus on the treatment of addiction and comorbid mental illness and medical disorders. His research work is currently funded by NIDA and the Department of Defense. His NIDA projects are aimed at improving the treatment of methamphetamine dependence. Dr. Batki's DoD-funded research at the San Francisco VAMC focuses on clinical trials to improve the treatment of alcohol use disorder in veterans with PTSD and in veterans with mild TBI.

Maria Isabella Fernandez, MD is the Director of Psychiatric Intensive Care Unit and Assistant Clinical Professor at University of California, San Francisco. She graduated medical school at the University of Barcelona and completed residency at UCSF and a fellowship in geriatric psychiatry at Brown University. Her areas of interest are inpatient psychiatry, mood disorders, electroconvulsive therapy, and geriatric psychiatry. She teaches and directly supervises 3rd year UCSF medical students on their core psychiatry rotation and lectures in medical student rounds. She has published in the areas of panic disorder and treatments with buprenorphine.

Ellen Herbst, MD is Associate Chief of the Addictions Recovery Treatment Services and Assistant Clinical Professor of Psychiatry at UCSF. She is the Medical Director of the Intensive Outpatient Program (IOP) for patients with substance use disorders and Staff Psychiatrist of the Student Veteran Health Program (SVHP) at City College of San Francisco. She is principal investigator of a study investigating the feasibility of Stay Quit Coach, a mobile app designed to help Veterans with posttraumatic stress disorder (PTSD) quit smoking, and is co-investigator on several of Dr. Steve Batki's clinical trials investigating pharmacotherapies for alcohol use disorder in Veterans with PTSD and/ or mild traumatic brain injury. Dr. Herbst has a strong commitment to teaching and regularly supervises UCSF psychiatry residents, psychology trainees, addictions psychiatry and anesthesia pain fellows, and medical students.

Michael E. Hoefler, MD is Chief of the Opioid Treatment Program (OTP) and Associate Director of the UCSF Addiction Psychiatry Fellowship Program. He is a Clinical Professor of Health Sciences in the UCSF Department of Psychiatry. He is also the trainee representative to the American Academy of Addiction Psychiatry (AAAP) representing trainee interests in the organization nationally. Dr. Hoefler's areas of interest are pharmacologic treatments for opioid use disorder, motivational interviewing, clinical drug testing, management of disability benefits in substance users, and drug policy.

Susan Karpenko, LCSW is a clinical social worker and certified group psychotherapist from the American Group Psychotherapy Association. She received her graduate degree in Social Welfare from the University of California Berkeley. She is a staff member with the San Francisco VA's Substance Use and Posttraumatic Stress Disorder program (SUPT). She provides treatment for veterans with co-occurring substance disorder and complex trauma histories, including combat, military accident and military sexual trauma. She supervises trainees from multiple health care provider disciplines in the SUPT program. She is a leader in providing and maintaining the Anger Management groups. She practices evidence-based treatments, including Prolonged Exposure and Cognitive Behavioral Therapies and has adapted them to group therapy settings. She is key provider of group therapy training to psychology interns, externs, residents and social work interns.

Maisie Ketron, LCSW is a clinical social worker and trained therapist in psychosocial rehabilitation and recovery, Dialectical Behavioral Therapy (DBT), and Interpersonal Psychotherapy (IPT) for depression. She received her graduate degree in Clinical Social Work from Smith College School for Social Work. She is the associate chief of psychosocial rehabilitation services, the director of the Psychosocial Rehabilitation and Recovery Center (PRRC) and the co-director of the DBT program. She provides recovery oriented treatment for Veterans with serious mental illness. She supervises trainees from multiple health care provider disciplines and supervises Peer Support Specialists throughout the San Francisco VA. She provides training in psychosocial rehabilitation and DBT to psychology externs, interns, residents and social work interns.

Kewchang Lee, MD is Director of the Psychiatry Consultation Unit at the SF-VAMC and Clinical Professor of Psychiatry at the UCSF School of Medicine. He is actively involved in clinical and teaching activities, focusing on consultation-liaison psychiatry and mental health issues in the primary care setting. He is Director of the UCSF Fellowship Program in Psychosomatic Medicine, and has published several

chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University, and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

Thomas Neylan, MD is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Health Care System. He is a Professor, In Residence in the Department of Psychiatry at the University of California, San Francisco. Dr. Neylan has been an active researcher in the study of sleep and Posttraumatic Stress Disorder for the past 18 years. He has been the Principal Investigator on multiple funded projects sponsored by the National Institutes of Health, the National Institute of Justice, the Department of Defense, and the Department of Veterans Affairs. Dr. Neylan has first-authored multiple articles in prominent psychiatric journals including the Archives of General Psychiatry, the American Journal of Psychiatry, Biological Psychiatry, Chronobiology International, Journal of Clinical Psychiatry, Journal of Traumatic Stress, Neuropsychopharmacology, and Psychosomatic Medicine. He has presented his research at national meetings such as the American Psychiatric Association, the American College of Neuropsychopharmacology, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has served on the National Institutes of Health, Center for Scientific Review, Adult Psychopathology and Disorders of Aging Study Section.

Nancy Odell, LCSW is an Associate Clinical Professor at the UCSF School of Medicine, Department of Psychiatry and a clinical social worker on the Substance Use/ Posttraumatic Stress Team. She is a certified group psychotherapist from the American Group Psychotherapy Association where she also holds an Academic Membership. She has over twenty years of experience in treating PTSD and provides group psychotherapy supervision for psychiatry residents receiving training in the treatment of co-occurring PTSD and substance use disorders. She coordinates the SUPT Clinical Seminar, an interprofessional training seminar, and provides supervision to interprofessional trainees when requested. Ms. Odell received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorder prior to working at the San Francisco VA Health Care System. She participated in an inter-cultural exchange in the Republic of Vietnam. She traveled to Vietnam and met with various mental health professionals, university and government officials to exchange treatment information on Posttraumatic Stress Disorder and substance use disorders. Ms. Odell participated in a treatment outcome study with Stanford University investigating the effectiveness of group psychotherapy for women diagnosed with Posttraumatic Stress Disorder from childhood sexual abuse. She participated in MIRECC and DOD funded studies investigating the effectiveness of exposure based treatments for Vietnam and Iraq/Afghanistan veterans. Ms. Odell has training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Mindfulness Based Stress Reduction treatment. She has extensive training in Control Mastery Theory and her orientation is cognitive/behavioral and psychodynamic. Ms. Odell has a private practice in San Francisco.

Sarah Shonkwiler, LCSW is the Outreach and Education Coordinator of the San Francisco Veterans Administration (SFVA) Family Therapy Program and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She received her master's degree from the Smith College School for Social Work in 2000 and completed her post-graduate training at the Ackerman Institute for the Family in New York City. Additionally, she has advanced training in Emotionally Focused Therapy (EFT) for Couples. Her extensive experience in VA and Community Mental Health settings has encompassed therapy provision, clinical supervision and program management.

John Straznickas, MD is the Team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Addiction Recovery Treatment Services (ARTS) Program at the San Francisco VA Health Care System. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004, 2007, 2008 and 2010. He organizes the substance abuse seminar for all the trainees and supervises the psychiatry residents and the psychology fellows, interns, externs and medical students. He has expertise in the theory and practice of group psychotherapy and leads two group supervision seminars for both faculty group leaders and psychiatry residents. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

Tauheed Zaman, MD is Medical Director of the Prescription Opioid Safety Team (POST), a multidisciplinary service that cares for medically complex, opioid addicted patients at the San Francisco VA. He supervises UCSF psychiatry residents in their Longitudinal Care Experience clinic, and UCSF Addiction Psychiatry fellows in managing a variety of substance use disorders. He has served on the Council for Addictions at the American Psychiatric Association (APA), authoring the APA's position statement on marijuana as medicine, and presented a series of APA workshops on behavioral addictions, and on integrated care. He has published on psychiatric comorbidities

associated with substance use in both adults and adolescents, and on practical approaches to motivational interviewing for medical providers. He completed his psychiatry residency at the Harvard-Cambridge program, where he served as Chief resident, and completed his fellowship in Addiction Psychiatry at the UCSF/San Francisco VA.

Leila Zwelling, LCSW is the Director of the San Francisco VA's Interpersonal Psychotherapy Program, Assistant Director of the SFVA Women's Clinic Mental Health Clinic and an Assistant Clinical Professor with UCSF's Psychiatry Department. She also serves as a Staff Consultant for the VA Interpersonal Psychotherapy Rollout Program. Additionally, Ms. Zwelling coordinates and supervises trainees in the Women's Integrated Care Clinic, providing mental health treatment and consultation in the primary care setting. She provides gender-specific treatment for female veterans with complex trauma histories, including childhood abuse, combat and military sexual trauma, and intimate partner violence, and is VA-certified in Prolonged Exposure. Ms. Zwelling has played a key role in the expansion of women's mental health services at the San Francisco VA. A graduate of the University of Virginia, she completed clinical training with UCSF's Infant-Parent Program, and worked in San Francisco General Hospital's Psychiatry Department prior to joining the VA.

The Space Shuttle Endeavour on September 21, 2012 as seen near San Francisco VA Health Care System.

